# ELECTRONIC SUBMITTAL evelopment Department Building Division kan Way / PO Box 4755 Beaverton, OR 97076 Beaverton Phone: (503) 526-2493 Fax: (503) 526-2520 General Information (503) 526-2222

Print name:

Breanna Ripple

RECEIVED

OFFICI	E USE ONLY
Date Received 6 / 25 / 2019	Permit No.: B2019-2735
Date Issued:	Ву:
CITY OF BEAVERTO	)[ <b>\</b> Payment Type:
BIJILDING DIVISIO	N

(	BeavertonOregon.gov		OF BEAVERTO Paymer	nt Type:
TYF	PE OF WORK	BUI	DING DIVISION REQUIRED DATA: 1- AN	ID 2-FAMILY DWELLING
☐ New construction	☐ Demolition	er een de redigine, de er	Permit fees* are based on the val	ue of the work performed.
☑ Addition/alteration/replacement	Other:		Indicate the value (rounded to the materials, labor; overhead, and the	e nearest dollar) of all equipment, se profit for the work indicated on
	OF CONSTRUCTION		this application.	
1- and 2-family dwelling	☑ Commercial/industrial	14(9), 3.1.3.14(1), 3.1.4	Valuation	
☐ Accessory building	☐ Multi-family		Number, of bedrooms:	
☐ Master builder	Other:		Number of bathrooms:	
	RMATION AND LOCATION		Total number of floors:	
Job site address: 15570 SW Jenkins R	Espherical Anglin (Anglin) Anglin ang ang ang ang ang ang ang ang ang an	-	New dwelling area:	square feet
City/State/ZIP: Beaverton, OR 97006	U.		Garage/carport area:	square feet
Suite/bidg./apt. no.;	Project name: OIA Global Phas		Covered porch area:	square feet
Cross street/directions to job site:	Tisjest maile. Of A Global Pilas	82	Deck area:	square feet
Cross and Suggestion to Job Site.			Other structure area:	square feet
			REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Subdivision:	Lot no.:		Permil fees* are based on the valu	ie of the work performed,
Tax map/parcel no.:			indicate the value (rounded to the materials, labor, overhead, and the	
DESCRIF	PTION OF WORK		this application.	807 500 00
Remove portions of the fire sprinkl	ler system and install new syster	1 1		\$87,500.00
storage upgrade.	•	-	Existing building area:	square feet 25,742
		-	New building area:	square feet 25,742
□ PROPERTY OWNER	☑ TENANT		Number of stories:	1
	<u> </u>		Type of construction:	
Name: OIA Global			Occupancy groups:	
Address: 15570 SW Jenkins Rd.			Existing:	•
City/State/ZIP: Beaverton, OR 97006			New:	
Phone: (503) 415-3527	Fax:		NOTIC	CE
E-mail:			All contractors and subcontractors	are required to be licensed with
☐ APPLICANT	☑ CONTACT PERSON		the Oregon Construction Contracto may be required to be linensed in the	rs Board under ORS 701 and he jurisdiction in which work is
Business name: AFP Systems, Inc.			being performed. If the applicant is following reasons apply:	exempt from Ilcensing, the
Contact name: Breanna Ripple				e de la companya del companya de la companya de la companya del companya de la co
Address: 19435 SW 129th Ave.				
City/State/ZIP: Tualatin, OR 97062				
Phone: (503) 692-9284	Fax:			
E-mail: breanna@afpsys.com				
	RACTOR		BUILDING PER	
Business name: AFP Systems, Inc.			Please refer to f	ee schedule
Address: 19435 SW 129th Ave.			Fees due upon application	
City/State/ZIP: Tualatin, OR 97062			Amount received	
Phone: (503) 692-9284	Fax:		Date received:	•
CCB Ilo.: 67534			This permit application expires	if a permit is not obtained
Authorized ( ) A C C ( ) A	<i>.</i>		within 180 days after it has be	een accepted as complete

Date:

06/24/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2222
General Information (503) 526-2222
Beaverton Organ gay

	OFFICE	USE ONLY	
eived: 7 31	10	Permit No 20	19-3204
ed:	1-1	By: Cleur	<u> </u>
		Payment Type:	`

	Beaverton Oregon.gov
TYPE OF	F WORK
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:
CATEGORY OF	CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	Multi-family
☐ Master builder	☐ Other:
	TION AND LOCATION
Job site address: 148/. 7-14897 51/	Conor Circle Build to Counts
City/State/ZIP: Beaveston OR	·
Suite/bldg./apt. no.:	9760le Project name: Conon Commond
Cross street/directions to job site:  150th across from	
Subdivision:	Lot no.:
Tax map/parcel no.:	
	N OF WORK
Reroof one layer - Certainteed undalayor	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
☐ APPLICANT	☐ CONTACT PERSON
Business name: Comos Comoso	MA HOA
Contact name: Lulia Pomon	· · ·
Address: 16855 560 Walls	ke Road # 234
City/State/ZIP: Reaverton OK	97006
Phone: 541-556-3483	Fax:
	o. Com
Ucontra	CTOR
Business name: Claarwater Co	nistruction Inc.
Address: 22307 SE Sharp	
City/State/ZIP: Dawascus OR	97089
Phone: 503-789-0592	Fax:
CCB IIc.: 189 186	
Authorized signature: See Seuden	
Print name: Pet lensen	Date:

Paymen	t type.
	D O F AMILY DIMELLING
REQUIRED DATA: 1- ANI Permit fees* are based on the value	
Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	-
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	the state of the s
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application	nearest dolfar) of all equipment, e profit for the work indicated on
Valuation 21, 750.	
Valuation 21,750.  Existing building area: 66	Square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups;	
Existing:	
New:	
NOT	ICE
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and the jurisdiction in which work is
	`\
BUILDING PE	RMIT FEES*
Please refer to	fee schedule
Fees due upon application	,
Amount received	-
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Beaverton N

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
Beaverton Oragon any

OFFICE	JSE ONLY
Date Received:	Permit No. 1201 4- 3203
Date Issued: 181.	By: CLEUU 1
	Payment Type:

`	BeavertonOregon.gov L
TYP	E OF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	☐ Other:
CATEGORY	OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	Multi-family
☐ Master builder	Other:
JOB SITE INFOR	MATION AND LOCATION
Job site address: 430-460 50	W 148th Terrace Buldin 8 4am
City/State/ZIP: Beaverton, OR	1 148th Lerrace Bulding 8 4 ami
Suite/bldg./apt. no.:	Project name: Conor. Commons
Cross street/directions to job site; SW Conor Circle off	130th agross from Vike
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIP	TION OF WORK
□ PROPERTY OWNER	shinefor
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
☐ APPLICANT	☐ CONTACT PERSON
Business name: Consett , Conset	MILENSON HOA .
Contact name: Quin Portugue	A.
Address: 16055 SW Wa	Then Rd. # 234
City/State/ZIP: Reaverton O	R 97006
Phone: 541-556-3483	Fax:
E-mail: CChoa SSEC G GO	thop. com
Business name:	Participal Tre
Addressi On On On On	aren Drive
City/State/ZIP: Down A Field	DO 97989
Phone: 503-789-0592	Fax:
CCB lic.: 189 186	
Authorized signature:	
Print name:	Date: 7/39/10
iled-leuse	IN TOTAL

, Pay	ment Type:
DEGLEDED DATA 4	AND 2-FAMILY DWELLING
Permit fees* are based on the	value of the work performed.
Indicate the value (rounded to materials, labor, overhead, an this application.	the nearest dollar) of all equipment, d the profit for the work indicated on
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COI	MMERCIAL-USE CHECKLIST
materials, labor, overhead, an this application.	the nearest dollar) of all equipment, d the profit for the work indicated on
Valuation 44	500.°°
Existing building area:	500.00 000 54 square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
	OTICE
the Oregon Construction Cont	otors are required to be licensed with ractors Board under ORS 701 and d in the jurisdiction in which work is ant is exempt from licensing, the
BUILDING	PERMIT FEES*
	er to fee schedule
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE	USE ONLY
Date Received: 3(9	Permit No.: (320)
Date Issued:	By: CLEUN'
	Payment Type:

O R E G O N	General Information (503) 526-2222  BeavertonOregon.gov	Payment Type:
	TYPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed.  Indicate the value (rounded to the nearest dollar) of all equipment,
Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the profit for the work indicated on this application.
CATE	GORY OF CONSTRUCTION	Valuation
1- and 2-family dwelling	☐ Commercial/industrial	Number. of bedrooms:
☐ Accessory building	Multi-family	Number of bathrooms:
☐ Master builder	☐ Other:	Total number of floors:
JOB SITE	INFORMATION AND LOCATION 4 units	New dwelling area: square feet
Job site address: 435 - 465	SW 149 the Herrace, Bulding 11	
City/State/ZIP: Beaverton		
Suite/bldg./apt. no.:	Project name: Comen, Comunical	Covered porch area: , square feet
Cross street/directions to job site:		Deck area: square feet
Off of Conor Circle	e, of 150th about from Nil	Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed.  Indicate the value (rounded to the nearest dollar) of all equipment,
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated on this application.
DI DI	ESCRIPTION OF WORK	Valuation 4/4500,00
Remoch one days	toox-off inter potential	Existing building area: 4/000 square feet
1) sulula emost au	terr-off install Certainless	New building area: square feet
O-moral cone		Number of stories:
☐ PROPERTY OWNER	☐ TENANT	Type of construction:
Name:		Occupancy groups:
Address:		Existing:
City/State/ZIP:		
Phone:	Fax:	New:
E-mail:		NOTICE
☐ APPLICANT	☐ CONTACT PERSON	All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and
Business name:	CommonD HOA.	may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the
Contact name:	4	following reasons apply:
Address: 11-0 25	Sw Walker Rd, #234	
City/State/ZIP: R	OK 97006	
Phone: 541-556-348	7 Fax:	
	Žualeo Com	
E-MAIL CCHOW 35ECC	3 4akoo.Com	BUILDING PERMIT FEES*
Business name:	C- ++-11 Tu	Please refer to fee schedule
Address: 22307 SE	Sharon Drue	Fees due upon application
City/State/ZIP: Date of City	) ON One 20	Amount received
	✓ FR 47807 <a>2</a> Fax:	Date received:
	592   Fax:	
<del></del>		This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
Authorized signature: Sel Service	w	•
Print name:	Jersen Date: 7/30/19	Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFICE	USE ONLY
Date Received: 7, 31, 19	Permit No. 2204-32003
Date Issued:	By: CIEIN
	Payment Type:

	BeavertonOregon.gov L
TY	PE OF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	☐ Other:
CATEGOR	Y OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory bullding	Multi-family
☐ Master builder	☐ Other:
JOB SITE INFO	DRMATION AND LOCATION
Job site address: 470-14856 5	W Comos Circle Bulding #7 4 uni
	W Comos Circle Building #7 4 www.
Suite/bldg./apt. no.:	Project name: Coner Consumous
Cross street/directions to job site: 150 from	, ' 4
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCR	IPTION OF WORK
unclerlayment and	Shingles   I tenant
	tear-off install Certainteer Shingles
PROPERTY OWNER Name:	
PROPERTY OWNER  Name:  Address:	
PROPERTY OWNER  Name:  Address:  City/State/ZIP:	
PROPERTY OWNER  Name:  Address:  City/State/ZIP:  Phone:	☐ TENANT
PROPERTY OWNER  Name:  Address:  City/State/ZIP:  Phone:	☐ TENANT
PROPERTY OWNER  Name:  Address:  City/State/ZIP:  Phone:  E-mail:  APPLICANT	TENANT  · Fax:
PROPERTY OWNER  Name:  Address:  City/State/ZIP: Phone:  E-mall:  APPLICANT  Business name:  Conor Com	Fax:
PROPERTY OWNER  Name:  Address:  City/State/ZIP:  Phone:  E-mail:  APPLICANT  Business name:  Contact name:  Aulua  Po	Fax:    CONTACT PERSON  monso HOA  mment
PROPERTY OWNER  Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Contact name: Address:  Address:	Fax:
PROPERTY OWNER  Name:  Address:  City/State/ZIP:  Phone:  E-mail:  APPLICANT  Business name:  Contact name:  Address:  City/State/ZIP:  Beaucifor  City/State/ZIP:  Constant of the contact of the contac	Fax:    CONTACT PERSON  monso HOA  mmert  W Walker Rd, # 234  R 97006
PROPERTY OWNER  Name:  Address:  City/State/ZIP:  Phone:  E-mail:  APPLICANT  Business name:  Contact name:  Address:  Lity/State/ZIP:  Phone:  541-556-3483	Fax:    CONTACT PERSON  monso HOA  mmert  W Walker Rd, # 234  R 97006
PROPERTY OWNER  Name:  Address:  City/State/ZIP:  Phone:  E-mail:  APPLICANT  Business name:  Contact name:  Address:  Liboss Si  City/State/ZIP:  Beaution C  Phone:  541-356-3483  E-mail: CChoassec G U	Fax:    CONTACT PERSON   MOND HOA   Monte   Hoad   Fax:
PROPERTY OWNER  Name:  Address:  City/State/ZIP:  Phone:  E-mail:  APPLICANT  Business name:  Conotal name:  Address:  City/State/ZIP:  Beaution  Phone:  541-556-3483  E-mail:  CChoa55eC G U	Fax:    CONTACT PERSON   MOND HOA   Monert   Walher Rd, # 234   97006   Fax:  Chap. Com
PROPERTY OWNER  Name:  Address:  City/State/ZIP:  Phone:  E-mail:  DAPPLICANT  Business name:  Contact name:  Address:  City/State/ZIP:  Beaution  Phone:  541-556-3483  E-mail:  CCADO 55EC G U  Collaboration  Collabo	Fax:  CONTACT PERSON  MOND HOA  Months  Walker Rd, # 234  R 97006  Fax:  Ahoo. Com  NIRACTOR  Construction. Inc.
PROPERTY OWNER  Name:  Address:  City/State/ZIP:  Phone:  E-mail:  APPLICANT  Business name:  Conox Como Contact name:  Address:  14055 5  City/State/ZIP:  Phone:  541-5516-3483  E-mail:  CChoassec G U Conox Co	Fax:    CONTACT PERSON    MOND HOA    Walker Rd, # 234   COMPANSE   Fax:    CONTACT PERSON   COMPANSE   COMPAN
PROPERTY OWNER  Name:  Address:  City/State/ZIP:  Phone:  E-mail:  APPLICANT  Business name:  Contact name:  Address:  City/State/ZIP:  Beaution  City/State/ZIP:  Business name:  Choose G  Contact Contact  Cont	Fax:  CONTACT PERSON  MOND HOA  Months  Walker Rd, # 234  R 97006  Fax:  Ahoo. Com  NIRACTOR  Construction. Inc.
PROPERTY OWNER  Name:  Address:  City/State/ZIP:  Phone:  E-mail:  APPLICANT  Business name:  Conor Como  Contact name:  Address:  City/State/ZIP:  Phone:  S41-556-3483  E-mail:  CChoassec G U  Conor Como  Cono	Fax:    CONTACT PERSON  monso HDA  mmert  W Walker Rd, # 234  R 97006  Fax:  Ahoo. Com  NTRACTOR  Construction Inc.  Chair Drive  OR 97089
PROPERTY OWNER  Name:  Address:  City/State/ZIP:  Phone:  Business name:  Contact name:  Address:  City/State/ZIP:  Phone:  SH-556-3483  E-mail:  CCh0a55eCGU  Business name:  Clearwater  Address:  Display to the contact of the cont	Fax:    CONTACT PERSON  monso HDA  mmert  W Walker Rd, # 234  R 97006  Fax:  Ahoo. Com  NTRACTOR  Construction Inc.  Chair Drive  OR 97089
PROPERTY OWNER  Name:  Address:  City/State/ZIP:  Phone:  E-mail:  Contact name:  Address:  City/State/ZIP:  Beaverton  Phone:  S41-556-3483  E-mail:  CCh0a55eC 9 4  del  Business name:  Cloarunta  Address:  City/State/ZIP:  Phone:  S43-789-0592  CCB lic:  189186  Authorized	Fax:    CONTACT PERSON  monso HDA  mmert  W Walker Rd, # 234  R 97006  Fax:  Ahoo. Com  NTRACTOR  Construction Inc.  Chair Drive  OR 97089

-FAMILY DWELLING
of the work performed. arest dollar) of all equipment, rofit for the work indicated on
square feet
CIAL-USE CHECKLIST
of the work performed. arest dollar) of all equipment, rofit for the work indicated on
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Square feet
e required to be licensed with Board under ORS 701 and jurisdiction in which work is kempt from licensing, the
IIT FEES*
IIT : FEES* e schedule

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

Date Received: 7.30 A Permit No.: 3209-3257
Date Issued: Payment Type:

OREGON	General Info	rmation (503)	526-2222 V/TDD vertonOregon.gov
	TYPE C	F WORK	
☐ New construction		☐ Demolition	
☑ Addition/alteration/replacemen	nt	☐ Other:	
	CATEGORY OF	CONSTRUCTIO	N
1- and 2-family dwelling		☑ Commercia	al/industrial
Accessory building		☐ Multi-family	1
☐ Master builder	, ., .,	☐ Other:	
JOB	SITE INFORMA	TION AND LOC	Aπon '
Job site address: 15220 NW	Greenbrier P	KWY	
City/State/ZIP: Beaverton, C	R 97006		
Suite/bldg./apt. no.: 245		Project name:	Hawkridge Systems
Cross street/directions to job site:			
Subdivision:		Lot no.:	
Tax map/parcel no.:			
□ PROPERTY OW  Name: Hawkridge System  Address: 15220 NW Green	8	Suito 245	☑ TENANT
City/State/ZIP: Beaverton, O		Suite 245	
Phone:	V 97000	Fax:	
E-mail:		14%	
Z APPLICANT	which the second		CONTACT PERSON
Business name: Point Monito			
Contact name: Brooke Willian			M
Address: 5863 Lakeview B	· Marana		
City/State/ZIP: Lake Oswego			
Phone: (503) 627-0100	1 0.110.000	Fax:	
E-mail: bwilliams@pointmo	onitor.com		
	CONTRA	CTOR	
Business name: Point Monito	г Согр.		
Address: 5863 Lakeview Bl			
City/State/ZIP: Lake Oswego	······································		,
Phone: (503) 627-0100	-	Fax:	
CCB lic.: 135901		1 . ;	
Authorized Fignature;	3		
Print name:			Date:
Ben	Breit		07/30/19

Existing building area: square feet  New building area: square feet  Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule  Fees due upon application  Amount received	raymon	ir i ype.
Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.  Valuation  Number, of bedrooms:  Number of bathrooms:  Total number of floors:  New dwelling area: square feet  Garage/carport area: square feet  Covered porch area: square feet  Deck area: square feet  REQUIRED DATA; COMMERCIAL-USE CHECKLIST  Permit fees' are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.  Valuation \$675  Existing building area: square feet  Number of stories: Type of construction: Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES'  Please refer to fee schedule  Fees due upon application  Amount received	REQUIRED DATA: 1- AN	D.2-FAMILY DWELLING
Number of bethrooms:  Total number of floors:  New dwelling area: square feet  Garage/carport area: square feet  Covered porch area: square feet  Deck area: square feet  Other structure area: square feet  REQUIRED DATA: COMMERCIAL-USE CHECKLIST  Permit fees' are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, abor, overhead, and the profit for the work indicated on this application.  Valuation \$675  Existing building area: square feet  Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES'  Please refer to fee schedule  Fees due upon application  Amount received	Indicate the value (rounded to the materials, labor, overhead, and the	nearest dollar) of all equipment
Number of bathrooms:  Total number of floors:  New dwelling area: square feet  Garage/carport area: square feet  Covered porch area: square feet  Deck area: square feet  Other structure area: square feet  REQUIRED DATA; COMMERCIAL-USE CHECKLIST  Permit fees' are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.  Valuation \$675  Existing building area: square feet  Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be ilcensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule  Fees due upon application  Amount received	Valuation	
Total number of floors:  New dwelling area: square feet  Garage/carport area: square feet  Covered porch area: square feet  Deck area: square feet  Other structure area: square feet  REQUIRED DATA; COMMERCIAL-USE CHECKLIST  Permit fees' are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.  Valuation \$675  Existing building area: square feet  New building area: square feet  Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be ilicensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be ilicensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES'  Please refer to fee schedule  Fees due upon application  Amount received	Number, of bedrooms:	
New dwelling area: square feet  Garage/carport area: square feet  Covered porch area: square feet  Deck area: square feet  Other structure area: square feet  REQUIRED DATA; COMMERCIAL-USE CHECKLIST  Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.  Valuation \$675  Existing building area: square feet  New building area: square feet  Number of storles:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be ilcensed with the Oregon Construction Contractors Board under ORS 7D1 and may be required to be ilcensed in the jurisdiction in which work is being performed, if the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule  Fees due upon application  Amount received	Number of bathrooms:	
Garage/carport area: square feet  Covered porch area: square feet  Deck area: square feet  Other structure area: square feet  REQUIRED DATA: COMMERCIAL-USE CHECKLIST  Permit fees' are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.  Valuation \$675  Existing building area: square feet  Number of stories: Type of construction: Occupancy groups:  Existing: New:  NOTICE  All contractors and subcontractors are required to be ilcensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be ilcensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule  Fees due upon application  Amount received	Total number of floors:	
Covered porch area: square feet  Deck area: square feet  Other structure area: square feet  REQUIRED DATA; COMMERCIAL-USE CHECKLIST  Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work Indicated on this application.  Valuation \$675  Existing building area: square feet  New building area: square feet  Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be ilcensed with the Oregon Construction Contractors Board under ORS 7D1 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule  Fees due upon application  Amount received	New dwelling area:	square feet
Deck area: square feet  Other structure area: square feet  REQUIRED DATA; COMMERCIAL-USE CHECKLIST  Permit fees' are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.  Valuation \$675  Existing building area: square feet  New building area: square feet  Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be ilicensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be ilicensed in the jurisdiction in which work is being performed, if the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES'  Please refer to fee schedule  Fees due upon application  Amount received	Garage/carport area:	square feet
Other structure area: square feet  REQUIRED DATA; COMMERCIAL-USE CHECKLIST  Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.  Valuation \$675  Existing building area: square feet  New building area: square feet  Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be ilcensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be ilcensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule  Fees due upon application  Amount received	Covered porch area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST  Permit fees* are based on the value of the work performed indicate the value (rounded to the nearest dollar) of all aquipment, materials, labor, overhead, and the profit for the work indicated on this application.  Valuation \$675  Existing building area: square feet  New building area: square feet  Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be ilcensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be ilcensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule  Fees due upon application  Amount received	Deck area:	square feet
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all aquipment, materials, labor, overhead, and the profit for the work indicated on this application.  Valuation \$675  Existing building area: square feet  New building area: square feet  Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule  Fees due upon application  Amount received	Other structure area:	square feet
Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.  Valuation \$675  Existing building area: square feet  New building area: square feet  Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule  Fees due upon application  Amount received	STREET STANDARD - CONTRACTOR OF STREET	Construction of the continue to the continue of the continue o
Existing building area: square feet  New building area: square feet  Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be ilcensed with the Oregon Construction Contractors Board under ORS 7D1 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule  Fees due upon application  Amount received	indicate the value (rounded to the materials, labor, overhead, and the	nearest dollar) of all aquipment
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Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule  Fees due upon application  Amount received	Existing building area:	square feet
Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule  Fees due upon application  Amount received	New building area:	square feet
Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule  Fees due upon application  Amount received	Number of stories:	
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the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule  Fees due upon application  Amount received	NOTIC	CE
Please refer to fee schedule  Fees due upon application  Amount received	the Oregon Construction Contracto may be required to be licensed in the being performed, if the applicant is	rs Board under ORS 701 and he jurisdiction in which work is
Data raceived:	Please refer to f	
	Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

## ELECTRONIC SUBMITTAL SEE 1:/BLDG DIV WG-8...

elopment Department
Building Division
Way / PO Box 4755
Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	JSE ONLY
ate Received: 07/22/2019	Permil No.: B2019-3126
ate Issued: 7.0 2001 a	By: COU
CITY OF BE	Doument Type:

General Information (503) 526-2222 UH BeavertonOregon.gov BI TYPE OF WORK □ Demolition ☐ New construction Other: Addition/alteration/replacement CATEGORY OF CONSTRUCTION ☐ Commercial/industrial 1- and 2-family dwelling ■ Mutti-family ☐ Accessory building Other: Master builder JOB SITE INFORMATION AND LOCATION Job site address: 14855 SW Village Ln City/State/ZIP: Beaverton, OR 97007 Project name: Adams 32818 Suite/bldg./apt. no.: Cross street/directions to Job site: Lot no.: Subdivision: Tax map/parcel no.: DESCRIPTION OF WORK Voluntary Underpinning Using 3 Helical Piers [Z] PROPERTY OWNER ☐ TENANT Name: Bridget Adams Address: 14855 SW Village Ln City/State/ZIP: Beaverton, OR 97007 Fax: Phone: (503) 459-3235 E-mail: ☐ CONTACT PERSON [ APPLICANT Business name: TerraFirma Foundation Systems Contact name: Elenita Ronquillo Address: 13110 SW Wall St City/State/ZIP: Tigard OR 97223 Fax: Phone: (503) 718-4533 E-mail: eronquillo@terrafirmafs.com CONTRACTOR Business name: TerraFirma Foundation Systems Address: 13110 SW Wall St City/State/ZIP: Tigard, OR 97223 Phone: (971) 205-5235 CCB lic.: 173547 Authorized signature:

Print name:

**ELENITA RONQUILLO** 

Date:

07/19/19

Y OF BEAVERTON Payment Type:		
LDING DIVISIONA: 1- AND 2-FAM	AILY DWELLING	
Permit fees' are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation	\$6,727.00	
Number, of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIAL	USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		
Existing building area:	square feet	
New building area;	square feet	
Number of stories:		
Type of construction:		
Occupancy groups:		
Existing:		
New:		
NOTICE		
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:		
	t from licensing, the	
following reasons apply:  BUILDING PERMIT F	t from licensing, the	
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following reasons apply:  BUILDING PERMIT F  Please refer to fee sch  Fees due upon application	t from licensing, the	
following reasons apply:  BUILDING PERMIT F  Please refer to fee sch	t from licensing, the	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



signature:

Print name:

Amanda Loveridge

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

Date Received: Date Issue MAR 2 2 2019

DE BEAVER OFFICE USE ONLY

square feet

square feet

souare feet

square feet

square feet

square feet square feet

General Information (503) 526-2222 Payment Type: BeavertonOregon.gov BUILDING SERVICES DIVISION **REQUIRED DATA: 1- AND 2-FAMILY DWELLING** TYPE OF WORK Permit fees\* are based on the value of the work performed. □ Demolition New construction Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on Other: ☐ Addition/alteration/replacement this application. CATEGORY OF CONSTRUCTION Valuation 344880 □ Commercial/industrial 1- and 2-family dwelling Number, of bedrooms: ☐ Multi-family Accessory building Number of bathrooms: 3 Other: ☐ Master builder 2 Total number of floors: JOB SITE INFORMATION AND LOCATION New dwelling area: Job site address: 🧲 Garage/carport area: City/State/ZIP: Beaverton, OR Covered porch area: Project name: Suite/bldg./apt. no.: Summit Deck area: Cross street/directions to job site: Other structure area: REQUIRED DATA: COMMERCIAL-USE CHECKLIST 20 Permit fees\* are based on the value of the work performed. Subdivision: Lot no.: Indicate the value (rounded to the nearest dollar) of all equipment, Tax map/parcel no.: materials, labor, overhead, and the profit for the work indicated on this application. **DESCRIPTION OF WORK Valuation** NSFR-3729 BL-TC- Deck Existing building area: New building area: Number of stories: ☑ PROPERTY OWNER ☐ TENANT Type of construction: Name: DR Horton, Inc. Occupancy groups: Address: 4380 SW Macadam Ave Suite 200 Existing: City/State/ZIP: Portland, OR 97239 New: Phone: (503) 222-4151 Fax: NOTICE E-mail: plancheck@drhorton.com All contractors and subcontractors are required to be licensed with ☑ APPLICANT ☐ CONTACT PERSON the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is Business name: DR Horton, Inc being performed. If the applicant is exempt from licensing, the following reasons apply: Contact name: Amanda Loveridge Address: SAME AS ABOVE City/State/ZIP: Phone: Fax: E-mail: plancheck@drhorton.com **BUILDING PERMIT FEES'** CONTRACTOR Please refer to fee schedule Business name: DR Horton, Inc Fees due upon application Address: SAME AS ABOVE City/State/ZIP: Amount received Phone: Date received: CCB Ic.: 130859 Authorized

Date: (L)

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV

## ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

it Application

Date Issued: CITY

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

Beaverton Oregon.gov

Duplicate plan, 2479A Magnolia American, as Lot 132 (B2018-6054) both Garage Right

DECEME			
OFFICE USE ONLY			
Date Received 06/12/2019	Permit No.: B2019-2532		
Date Issued: 1.29 19	By: Cleur		
CITY OF DEVI	Payment Type:		

	Begvertonoregon.gov
	PF WORK
☑ New construction	Demolition
Addition/alteration/replacement	Other:
CATEGORY OF	CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/Industrial
Accessory building	☐ Multi-family
☐ Master builder	☐ Olher:
JOB SITE INFORMA	TION AND LOCATION
Job site address: 17227 SW Kite Ln	
City/State/ZIP: Beaverton, OR	46666
Sulte/bldg./apt. no.;	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn Hts	Lotno.: 113
Tax map/parcel no.:	115
	N OF WORK
NSFR	
☑ PROPERTY OWNER	☐ TENANT
Name; Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
E-mail:	
	☑ CONTACT PERSON
Business name: Lennar NW Inc	
Contact name: Maggle Sturm	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7894	Fax:
E-mall: maggle.sturm@lennar.com	
CONTRA	CTOR
Business name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
CCB (c.: 195307	
Authorized \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
signature: Magail A	
Print name:	Date:
Maggle Sturm	05/28/19

1.7	19	14		
OF	BÉA	VERTO	Payment	Туре:
LDIII	4G D			2-FAMILY DWELLING
Ind na	icale th	s* ere based e value (rou labor, overh	d on the value	of the work performed, earest dollar) of all equipment, profit for the work indicated on
Va	luation	<del>\$322,</del>	<del>375.25</del>	\$328,305.31
	Numbe	r, of bedrooi	ms: 4	<del>-</del>
	Numbe	r of bathroo	ms: 2.5	
	Total nu	ımber of floo	ora: 2	
	New dw	elling area:	2479	square feet
<u> </u>	Garage	/carport are	LIMIT TO THE PARTY OF THE PARTY	square feet
ļ	Covere	d porch area		square feet
	Deck ar	ea:		square feet
	Other s	tructure area	a:	square feet
	REQ	UIRED DAT	TA: COMME	RCIAL-USE CHECKLIST
ind ma	leafe th	e value (rou labor, overh	inded to the n	of the work performed. earest dollar) of all equipment, profit for the work indicated on
Va	luation			
	Existing	building are	ea:	square feet
	New bu	liding area;		square feet
L				
	Numbe	of stories:		
ļ		of stories:	n:	
	Type of			
	Type of Occupa	construction		
	Type of Occupa	construction		
	Type of Occupa Exi	construction		IE.
All the ma	Type of Occupa Exi Ner Contract Oregor y be recong perfecting	construction ney groups: sting: w: tors and sult 1 Construction	NOTIC  contractors a  on Contractor  licensed in the  applicant is	E are required to be licensed with is Board under ORS 701 end ie jurisdiction in which work is exempt from licensing, the
All the ma bet foll	Type of Occupa Exi Ner Contract Oregor y be reconing performing reconstruct owing reconstruct	construction ney groups: sting: w: tors and sult a Construct quired to be orned. If the easons appl  Ple upon applice	NOTIC  beontractors a on Contractor illensed in the e applicant is y;	are required to be licensed with se Board under ORS 701 and le jurisdiction in which work is exempt from licensing, the
All the ma bel foll	Type of Occupa Exi Ner Contract Oregol ny be rec ng perfo owling re	construction ney groups: sting: w: tors and sut n Construction quired to be ormed. If the easons appl  BU  Ple upon applice	NOTIC  beontractors a on Contractor illensed in the e applicant is y;	are required to be licensed with as Board under ORS 701 and be jurisdiction in which work is exempt from licensing, the

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

#### ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8ding Permit Application

Duplicate Plan as Lot 155 B2018-3990 Willow Am 2336A

OFFICE USE ONLY



☑ New construction

1- and 2-family dwelling Accessory building

☐ Master builder

Job site address:

Sulte/bldg./apt. no.;

☐ Addition/alteration/replacement

City/State/ZIP: Beaverton, OR

Cross street/directions to job site:

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

□ Demolition

☐ Multi-family Olher:

Project name:

Commercial/Industrial

Other:

TYPE OF WORK

CATEGORY OF CONSTRUCTION

JOB SITE INFORMATION AND LOCATION

17232 SW Harrier Ln

Date Receiv 06/07/2019 Date Issued General Information (503) 526-2222 CITY BeavertonOregon.gov

Permit No.: B2019-2457

BU

	1.29.19	IBY: CIECU
C	E BEAVERTON	Payment Type:
łC	ING DIVISIONOA	TA: 1: AND 2-FAMILY DWELLING
	Permit fees* are based indicate the value (round	on the value of the work performed. ded to the nearest dollar) of all equipment, ad, and the profit for the work indicated on
	Valuation \$299,9	58.80
	Number, of bedrooms	s: 3
	Number of bathrooms	s; 2.5
	Total number of floor	s: 2
	New dwelling area:	2322 square feet
	Garage/carport area:	439 square feet
	Covered porch area:	122 square feet
	Deck area:	square feet
	Olher structure area:	square feet
	REQUIRED DATA	: COMMERCIAL-USE CHECKLIST
	Indicate the value (round	on the value of the work performed. led to the nearest dollar) of all equipment, ad, and the profit for the work indicated on
	Valuation	
	Existing building area	: square feet
	Alexandra (Indiana)	<u>.</u> .
	New building area:	square feet
	New building area: Number of stories:	square feet
	<del></del>	square feet
	Number of stories:	square feet
	Number of stories:  Type of construction:	square feet
	Number of stories:  Type of construction:  Occupancy groups:	square feet
	Number of stories:  Type of construction:  Occupancy groups:  Existing:	square feet  NOTICE
	Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  All contractors and subcothe Oregon Construction may be required to be lice	NOTICE  Intractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is pplicant is exempt from licensing, the
	Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  All contractors and subcothe Oregon Construction may be required to be lic being performed. If the a following reasons apply:	NOTICE  Intractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is pplicant is exempt from licensing, the
	Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  All contractors and subcothe Oregon Construction may be required to be lic being performed. If the a following reasons apply:	NOTICE  Intractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is pplicant is exempt from licensing, the
	Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  All contractors and subcothe Oregon Construction may be required to be lic being performed. If the a following reasons apply:  BUILE	NOTICE  Intractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is pplicant is exempt from licensing, the DING PERMIT FEES*
	Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  All contractors and subcothe Oregon Construction may be required to be lice being performed. If the a following reasons apply:  BUILT  Pleas:	NOTICE  Intractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is pplicant is exempt from licensing, the DING PERMIT FEES*
	Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  All contractors and subcothe Oregon Construction may be required to be lic being performed. If the a following reasons apply:  BUILE	NOTICE  Intractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is pplicant is exempt from licensing, the DING PERMIT FEES*

Subdivision: South Cooper Mtn Hts Lot no.; 126 Tax map/parcel no.: DESCRIPTION OF WORK **NSFR** PROPERTY OWNER Name: Lennar NW Inc Address: 11807 NE 99th Street #1170 City/State/ZIP: Vancouver / WA / 98682 Phone: (360) 258-7900 Fax: E-mail: ☑ APPLICANT Business name: Lennar NW Inc Contact name: Maggle Sturm Address: 11807 NE 99th Street #1170 City/State/ZIP: Vancouver / WA / 98682 Fax: Phone: (360) 258-7894 E-mail: maggie.sturm@lennar.com CONTRACTOR Business name: Lennar NW Inc Address: 11807 NE 99th Street #1170 City/State/ZIP: Vancouver / WA / 98682 Fax: Phone: (360) 258-7900 CCB lic.: 195307 Authorized signature; Print name: Date: Maggle Sturm 05/28/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

## ELECTRONIC SUBMITTAL velopment Department SEE I:/BLDG DIV WG-8... Building Division an Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

Beaverton

Print name: Chad E Davis

General Information (503) 526-2222

RECEIVED

#### OFFICE USE ONLY

Date Received: 05/28/2019 Permit No.: B2019-2258 Date Issued: 7.29.

	Beaverton Oregon.gov	RIII	OF BEAVERTO	) N Payment Type:	
TYPE O	WORK		REGUIRED	TA: 1-AND 2-FAMILY DWELL!	NG
☑ New construction	☐ Demolition			i on the value of the work perform nded to the nearest dollar) of all e	,
☐ Addition/alteration/replacement	☐ Olher:			ead, and the profit for the work inc	
CATEGORY OF	CONSTRUCTION		Valuation	\$303,928.31	
☑ 1- and 2-family dwelling	☐ Commercial/Industrial		Number, of bedroor		***************************************
☐ Accessory building	☐ Multi-family		Number of bathroor	ns:	
☐ Master builder	Other:		Total number of floo	ors:	
JOB SITE INFORMAT	ION AND LOCATION		New dwelling area:	square feet	
Job site address: 9918 SW 172nd Ave			Garage/carport area	, , , , , , , , , , , , , , , , , , , ,	467.4
city/State/ZIP: Beaverton, OR 97076					
Sulte/bldg./apt. no.:	Project name: Kemmer Summit		Covered porch area		80
Cross street/directions to Job site: SW Ridge Di	rive		Deck area:	square feet	100
			Other structure area		
O.L. W. L. C.	Lot no.: 10		2000 CONTRACTOR OF THE PROPERTY OF THE PROPERT	A GOMMERCIAL USE CHECK	Kerapinana.
Subdivision: Kemmer Summit	Lot no.: 10		Indicate the value (rou	on the value of the work perform nded to the nearest dollar) of all e	quipment,
Tax map/parcel no.:	LOTWORK		this application.	ead, and the profit for the work ind	icated on
DESCRIPTION	SOCIO DE CARROLISTA DE CAR		Valuation		
New Construction Single Family Resid	dential		Existing building are	a: square feet	
			New bullding erea;	square feet	1.0
			Number of stories:		
☑ PROPERTY OWNER	☐ TENANT		Type of construction	<u> </u>	
Name: Chad E Davis Construction			Occupancy groups:		
Address: 2420 Pacific Ave			Existing:		
City/State/ZIP: Forest Grove OR 97116			New:		
Phone: 503.357.8587	Fax: 503-992-2301			NOTICE	
E-mall: mattweatherdon@gmail.com			All contractors and sub	contractors are required to be lice	nead with
☑ APPLICANT			the Oregon Construction	on Contractors Board under ORS : licensed in the jurisdiction in which	701 and
Business name: Chad E Davis Construction	on		being performed, if the	applicant is exempt from licensing	
Contact name: Matt Weatherdon			following reasons apply	I÷	<u> </u>
Address: 2420 Pacific Ave					
Cily/State/ZIP: Forest Grove OR 97116					
Phone: 503,357,8587	Fax: 503-992-2301				
E-mail: mattweatherdon@gmail.com			Constant of the contract of th		
CONTRAC	TOR		BUI	LDING PERMIT FEES*	
Business name: Chad E. Davis Constructi	on		Plea	ase refer to fee schedule	
Address: 2420 Pacific Ave			Fees due upon applica	lion \$1,291.	68
City/State/ZIP: Forest Grove OR 97116			Amount received		
Phone: 503,357,8587	Fax: 503-992-2301		Dale received:		
CCB IIc.: # 154184)			This permit annilos	ition expires if a permit is not of	btained
Authorized signature:	vis		within 180 days a	fter it has been accepted as con	nplate

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

**REV 2/14** 

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2265 467.4

80

100

Print name: Chad E Davis

ELECTRONIC SUBMITTAL elopment Department
SEE I:/BLDG DIV WG-8... Building Division
n Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

Phone: (503) 526-2493 Fax: (503) 526-2222

CITY OF REAVERTO Payment Type:

1		
OREGON	General Information (503) 526-2222  BeavertonOregon.gov	CITY OF BEAVERTON Payment Type:
	TYPE OF WORK	BUILDING DIVISIONA: 1- AND 2-FAMILY DWELLING
New construction	☐ Demolition	Permit lees* are based on the value of the work performed.
Addition/alteration/replacement	Other:	indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
	EGORY OF CONSTRUCTION	this application.  Valuation \$430,370.10
☑ 1- and 2-family dwelling	Commerc(al/industrial	
☐ Accessory building	☐ Multi-family	Number, of bedrooms: 7
☐ Master bulkder	☐ Other;	Number of bathrooms: 3
	NEORMATION AND LOCATION	Total number of floors:
Job sile address: 9906 SW 172	describes de la company de	New dwelling area: 33/3 square feet
City/State/ZIP: Beaverton, OR 9		Garage/carport area: 4444, & square feet
Suite/bidg./apt. no.:	Project name: Kemmer Summit	Covered porch area; 40 square feet
Cross street/directions to job site: SW		Deck area: //4 square feet
, 24	Ridge Drive	Other structure area: square feet
		REQUIRED DATA: COMMERCIAL: USE CHECKLIST
Subdivision: Kemmer Summit	Lot no.: 11	Permit fees* are ba: on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment,
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated on this application.
1	DESCRIPTION OF WORK	Valuation
New Construction Single Fa	mily Residential	Existing building area: square feet
		New building area; square feet
		Number of stories:
PROPERTY OWNER	☐ TENANT	Type of construction:
Name: Chad E Davis Constru	ction LLC	Occupancy groups:
Address: 2420 Pacific Ave		Existing:
City/State/ZIP: Forest Grove OF	R 97116	New:
Phone: 503,357.8587	Fax: 503-992-2301	NOTICE
E-mail: mattweatherdon@gm	ail.com	All contractors and subcontractors are required to be licensed with
	☐ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: Chad E Davis C	Construction LLC	being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name: Matt Weatherdor	n	Totality (substituting)
Address: 2420 Pacific Ave		
City/State/ZIP: Forest Grove OF	R 97116	
Phone: 503.357.8587	Fax: 503-992-2301	
E-mail: mattweatherdon@gm	ail.com	
	CONTRACTOR	BUILDING PERMIT FEES!
Business name: Chad E. Davis	Construction LLC	Please refer to fee schedule
Address: 2420 Pacific Ave		Fees due upon application \$1,681.06
City/State/ZIP: Forest Grove OF		Amount received
Phone: 503.357.8587	Fax: 503-992-2301	Date received:
CCB IIc.: # 154184		This permit application expires if a permit is not obtained
Authorized signature:	Lauris	within 180 days after it has been accepted as complete

Date;

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL Development Department SEE I:/BLDG DIV WG-8... Allikan Way / PO Box 4755

Building Division Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

DECEMBE

OFFICE USE ONLY		
Date Rece <b>0</b> 5/31/2019	Permit No.: B2019-2311	
Date Issued: 7. 29.19	By: CleU1	
CITY OF BEAVERTON	Payment Type:	

BeavertonOregon.gov L BUILD TYPE OF WORK New construction □ Demolition □ Other: ☐ Addition/alteration/replacement CATEGORY OF CONSTRUCTION 1- and 2-family dwelling ☐ Commercial/industrial ☐ Multl-family Accessory building Other: ☐ Master builder JOB SITE INFORMATION AND LOCATION Job site address: 9855 SW 172nd Ave City/State/ZIP: Beaverton, OR 97076 Sulte/bldg./apt. no.: Project name: Kemmer Summit Cross street/directions to job site: SW Ridge Drive Lot no.: 7 Subdivision: Kemmer Summit Tax map/percel no.: DESCRIPTION OF WORK New Construction Single Family Residential ☑ PROPERTY OWNER ☐ TENANT Name: Chad E Davis Construction LLC Address: 2420 Pacific Ave City/State/ZIP: Forest Grove OR 97116 Phone: 503,357,8587 Fax: 503-992-2301 E-mail: mattweatherdon@gmail.com ☐ CONTACT PERSON [] APPLIGANT Business name: Chad E Davis Construction LLC Contact name: Matt Weatherdon Address: 2420 Pacific Ave City/State/ZIP: Forest Grove OR 97116 Phone: 503,357,8587 Fax: 503-992-2301 E-mail: mattweatherdon@gmail.com CONTRACTOR Business name: Chad E. Davis Construction LLC Address: 2420 Pacific Ave City/State/ZIP: Forest Grove OR 97116 Phone: 503,357,8587 Fax: 503-992-2301 CCB IIc.: # 154184 Authorized vis signature: Print name: Chad E Davis

Date:

NG DIVESTAND DATA: 1: AND 2:FAN	NI VINNELLINA
Permit fees* are based on the value of the indicate the value (rounded to the nearest materials, labor, overhead, and the profit fe	work performed. dollar) of all equipment,
this application.  Valuation \$323,088.3	.2
Number. of bedrooms:	· <b>Face</b>
Number of bathrooms: 3	
Total number of floors: 2	
New dwelling area: 2442	square feet
Garage/carport area: 440	square feet
Covered porch area: 120	square feet
Deck area: 40	square feet
Other structure area:	square feet
REQUIRED DATA; COMMERCIAL	USE CHECKLIST
Permit fees* are based on the value of the indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	·
Existing:	
New;	
NOTICE	
All contractors and subcontractors are required from Construction Contractors Board may be required to be licensed in the jurisd being performed. If the applicant is exempt following reasons apply:	d under ORS 701 and liction in which work is
BUILDING PERMIT For Please refer to fee sche	adial-model-latticity parameters and a second second
Amount received	
Date received:	
i nala laraisan	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755

Daverton, OR 97076
Fax: (503) 526-2550
Da

RECEIVED	
OFFICE	JSE ONLY
ale Received:05/29/2019	Permit No.: B2019-2288
ate Issued: 7.29.(9	By: Clew/
CITY OF BEAVEDTON	Payment Type:

SEE I:/BLDG DIV WG	CIT
TYPE:OI	
Annel Anna Control of the Control of	Demolition
☐ New construction	Other:
Addition/alteration/replacement  CATEGORY OF	
	Contraction to the property of the Contraction of t
☐ 1- and 2-family dwelling	Commercial/industrial
☐ Accessory building	☐ Multi-family
Master builder	Other:
JOB SITE INFORMAT	ION AND LOCATION
Job site address: 9915 SW 172nd Ave	
city/State/ZIP: Beaverton, OR 97076	<u></u>
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge D	rive
Subdivision: Kemmer Summit	Lot no.: 9 Re-Issue
Tax map/parcel no.:	
DESCRIPTION	N OF WORK
New Construction Single Family Resid	dential
RE-ISSUE OF LOT 1	
☑ PROPERTY OWNER	☐ TENANT
Name: Chad E Davis Construction LLC	,
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	`
Phone: 503,357,8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
☑ APPLICANT	☑ CONTACT PERSON
Business name: Chad E Davis Construction	on LLC
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	· .
Phone: 503,357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRAC	OTOR
Business name: Chad E. Davis Construct	on LLC
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503,357.8587	Fax: 503-992-2301
CCB IIc.: # 154184	)
Authorized had his	auls
Print name: Chad E Davis	Date:

PING PHISION TO A AND SEAN	ones mestretalen en kontra del regione en co
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit fo this application.	dollar) of all equipment.
Valuation \$331,829.09	
Number. of bedrooms: 3	
Number of bathrooms: 3	
Total number of floors: 2	
New dwelling area: 2512	square feet
Garage/carport area: 399	square feet
Covered porch area: 60	square feet
Deck area: / 6 O	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL	a sama matania da taman da ta
Permit fees* are based on the value of the indicate the value (rounded to the nearest materials, labor, overhead, and the profit fo this application.	dollar) of all equipment,
Valuation	
Existing building area:	square feel
New building area:	square feet
New bullding area: Number of stories:	square feet
	square feet
Number of stories:	square feet
Number of stories: Type of construction:	square feet
Number of stories:  Type of construction:  Occupancy groups:	square feet
Number of stories:  Type of construction:  Occupancy groups:  Existing:	square feet
Number of stories: Type of construction: Occupancy groups: Existing: New:	ulred to be licensed with d under ORS 701 and diction in which work is
Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE:  All contractors and subcontractors are req the Oregon Construction Contractors Boar may be required to be licensed in the jurisbeing performed, if the applicant is exemp following reasons apply:	ulred to be licensed with d under ORS 701 and diction in which work is t from licensing, the
Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are req the Oregon Construction Contractors Boar may be required to be licensed in the juriss being performed, if the applicant is exemp	ulred to be licensed with d under ORS 701 and diction in which work is t from licensing, the
Number of stories:  Type of construction:  Occupancy groups:  Existing:  New:  NOTICE:  All contractors and subcontractors are req the Oregon Construction Contractors Boar may be required to be licensed in the jurisbeing performed, if the applicant is exemp following reasons apply:	ulred to be licensed with d under ORS 701 and diction in which work is t from licensing, the
Number of stories:  Type of construction;  Occupancy groups:  Existing:  New:  NOTICE:  All contractors and subcontractors are required to perior Construction Contractors Boarmay be required to be licensed in the juriss being performed, if the applicant is exemp following reasons apply:  BUILDING PERMIT F	ulred to be licensed with d under ORS 701 and liction in which work is t from licensing, the

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Date received:

### ECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

ppment Department Building Division Way / PO Box 4755 eaverton, OR 97076

Beaverton

Authorized signature:

Print name: Chad E Davis

axis

Date:

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

RECEIVED

#### OFFICE USE ONLY

Date	Received:	6/	13,	$\frac{1}{2}$	1	9
Data	Issuedi	1		pi.	*	116

Permit No.: B2019-2559 Ву:

	Beaverton Oregon, gov	CHY	OF BEAVERTON Payment Type:	ana
TYPE O	F WORK	==	DING PROURED DATA: 1- AND 2-FA	MILY DWELLING
☑ New construction	☐ Demolition		Permit fees* are based on the value of the Indicate the value (rounded to the neares	e work periorined,
☐ Addition/alteration/replacement	Olher:		materials, labor, overhead, and the profit this application.	
CATEGORY OF	CONSTRUCTION			533.61
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Number. of bedrooms: 3	_
☐ Accessory building	☐ Multi-family	] }	Number of bathrooms: 3	
☐ Master builder	Other:		Total number of floors: 2	
JOB SITE INFORMAT	TION AND LOGATION		Name described and the second and th	square feet
Job site address: 9763 SW 172nd Ave	AMA APPA		0010	
City/State/ZIP: Beaverton, OR 97076			Garage/carport area: 46 7. 4	square feet
Suite/bldg./apt. no.;	Project name: Kemmer Summit		Covered porch area: 1/3	square feet
Cross street/directions to job site: SW Ridge D	rive		Deck area: /5-6.8	square feet
311 (Mage 2			Other structure area:	square feet
			REQUIRED DATA: COMMERCIAL	
Subdivision: Kemmer Summit	Lot no.: 2		Permit fees* are based on the value of the Indicate the value (rounded to the nearest	t dollar) of all equipment,
Tax map/parcel no.:			materials, labor, overhead, and the profit this application.	or the work indicated on
DESCRIPTIO	N OF WORK		Valuation	
New Construction Single Family Resi	dential		Existing building area;	square feet
			New building area;	square feet
			Number of storles:	
☑ PROPERTY OWNER	☐ TENANT		Type of construction:	•
Name: Chad E Davis Construction LLC			Occupancy groups:	
Address: 2420 Pacific Ave		[	Existing:	
City/State/ZIP: Forest Grove OR 97116			New:	
Phone: 503.357.8587	Fax: 503-992-2301	[	NOTICE	
E-mail: mattweatherdon@gmail.com		olesiko monu	All contractors and subcontractors are req	ulred to be licensed with
	☑ CONTACT PERSON		the Oregon Construction Contractors Boarmay be required to be licensed in the juris	rd under ORS 701 and
Business name: Chad E Davis Constructi	on LLC		being performed. If the applicant is exemp following reasons apply:	
Contact name: Matt Weatherdon			interintal terretion abbit	
Address: 2420 Pacific Ave				
City/State/ZIP: Forest Grove OR 97116				
Phone: 503.357.8587	Fax: 503-992-2301			
E-mail: mattweatherdon@gmail.com				
CONTRAC	PTOR		BUILDING PERMIT F	
Business name: Chad E. Davis Construct	on LLC		Please refer to fee sch	
Address: 2420 Pacific Ave			Fees due upon application	\$1,398.99
Clly/State/ZIP: Forest Grove OR 97116	· · · · · · · · · · · · · · · · · · ·		Amount received	
Phone: 503.357.8587	Fax: 503-992-2301		Date received:	
CCB IIc : # 15/19/		I -		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
Date Received: 771010	Permit No.: 32019-3203
Date Issued:	By: CCU
	Payment Type:

	BeaverionOregon.gov		
TYP	E OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,	
Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indicated on this application.	
CATEGORY	OF CONSTRUCTION	Valuation \$50,000,00	
1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:	
☐ Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	Other:	Total number of floors:	
JOB SITE INFOR	MATION AND LOCATION		
Job site address: /// NW Turn	berry Terr.	New dwelling area: square feet	
City/State/ZIP: Bearcrion, OR	97006	Garage/carport area: square feet	
Suite/bldg./apt. no.:	Project name:	Covered porch area: square feet	
Cross street/directions to job site:		Deck area: 808 square feet	
NW silvendo or		Other structure area: square feet	
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Subdivision: Waterhouse	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,	
Tax map/parcel no.: 1N 132 B C θ 4	3 00	materials, labor, overhead, and the profit for the work indicated on this application.	
	PTION OF WORK	Valuation	
Remove Existing Deck + I.	astall New Framing, Decking,	Existing building area: square feet	
Remove Existing Deck + I. + Handrail.	·	New building area: square feet	
		Number of stories:	
PROPERTY OWNER	☐ TENANT	Type of construction:	
Name: Dana Dolving			
Address: 1111 NW Turnberry	Tour	Occupancy groups:	
City/State/ZIP: Beaverton, OR	9 7006	Existing:	
Phone: (503) 506 - 1660	Fax:	New:	
E-mail:		NOTICE	
TX APPLICANT	☐ CONTACT PERSON	All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and	
And the state of t		may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the	
Business name: Dick's Evergreen Contact name: Chris Poyle	TENCE & BESIL	following reasons apply:	
Address: 4815 SE Tualatia			
	77123	14 14 14 14 14 14 14 14 14 14 14 14 14 1	
Phone: (573) 313-5325	Fax: (503) 640 - 0466		
E-mail: dicks evergreen < gm			
<u> </u>	TRACTOR	BUILDING PERMIT FEES*	
Business name: Dick's Evergreen	Fonce & Dork	Please refer to fee schedule	
	-	Fees due upon application	
	'n Valley Hwy 123	Amount received	
Phone: (573) 640 - 7700	Fax: (503) 640 - 0466	Date received:	
CCB lic.: /08350	( UV )   U   V   V   V   V   V   V   V   V   V		
Authorized //	10.00	This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete	
signature: Muly ABA		•	
Print name: /hor's Coule	Date: "7/1/19	* Fee methodology set by Tri-County Building	

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
eaverton, OR 97076
Fax: (503) 526-2550
ation (503) 526-2222

OFFICE	USE ONLY
Date Received: Q-19-19	Permit No.: B2019-2642
Date Issued: 7-26-19	By: We
	Payment Type: Vi5

SEE I:/BLDG DIV WG	O eave	rtonOregon.gov L
TYPE OF	WORK	
☐ New construction	☐ Demolition	
☐ Addition/alteration/replacement	Other:	
CATEGORY OF	CONSTRUCTION	
1- and 2-family dwelling	Commercial/	industrial
☐ Accessory building	☐ Multi-family	
☐ Master builder	Olher:	
JOB SITE INFORMAT	ION AND LOCA	TION
Job site address: 13979 SW Millikan Way		
City/State/ZIP: Beaverton, Oregon 97005		
Suite/bidg./apt. no.:	Project name: √	ernier Software PV
Cross street/directions to job sile: Corner of SW	141st & SW	/ Milikan Way
Subdivision:	Lot no.:	
Tax map/parcel no.: R2088985		
DESCRIPTION	OF WORK	
Add 19.44 kW photovoltaic system to	roof.	
☐ PROPERTY OWNER		☐ TENANT
Name:		
Address:		
City/State/ZiP:	r	
Phone:	Fax:	
E-mail:		
☑ APPLICANT		CONTACT PERSON
Business name: EC Electric		
Contact name: Thomas Farringer		
Address: 2121 NW Thurman		
City/State/ZIP: Portland, OR 97210	I	
Phone: (971) 334-0083	Fax:	
E-mail: thomas.farringer@ecpowerslife.		
CONTRAC	TOR	
Business name: EC Electric		
Address: 2121 NW Thurman		
City/State/ZIP: Portland, OR 97210	<u> </u>	
Phone: (971) 334-0083	Fax:	
ССВ IIс.: 49737		^
Authorized signature:		
Print name:		Date:

Thomas Farringer

Payme	in Type: V152
REQUIRED DATA: 1- AN	ID 2-FAMILY DWELLING
Permit fees* are based on the va Indicate the value (rounded to the materials, labor, overhead, and the this application.	lue of the work performed. e nearest dollar) of all equipment, ne profit for the work indicated on
Valuation	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
	ERCIAL-USE CHECKLIST
Permit fees* are based on the va indicate the value (rounded to the materials, labor, overhead, and to this application.	lue of the work performed.  e nearest dollar) of all equipment, he profit for the work indicated on
Valuation \$47, 764	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NO'	TIGE
All contractors and subcontractor the Oregon Construction Contractor may be required to be licensed in being performed. If the applicant following reasons apply:	the lurisdiction in which work is
	ERMIT FEES*
	to fee schedule
Fees due upon application	\$894.82
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

06/19/19

### ELECTRONIC SUBMITTAL SEE I:/BLDG DIV W@u8ding Permit Application

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Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

U-FICE U	OF OWL (
Date Received:	Permit (45) 2019-158 4
Date Issued: 04/23/2019	By: AL
CITY OF REALESTON	Payment Type: VIS &

		Y OF BEAVERTON Payment Type:	
Туре	OF WORK	ILDING DIESGRED DATA: 1- AND 2-FA	MILY DWELLING
☑ New construction   ②P 2017 -≤011	☐ Demolition	Permit fees* are based on the value of the indicate the value (rounded to the neares	se work performed. st dollar) of all equipment,
☐ Addition/alteration/replacement	Olher:	materials, labor, overhead, and the profit this application.	for the work indicated on
GATEGORY C	F CONSTRUCTION	Valuation	
1- and 2-family dwelling	区 Commercial/industrial	Number, of bedrooms:	
Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	☐ Other:	Total number of floors:	
	IATION AND LOCATION	New dwelling area:	square feet
Job site address: 11940 SW	Lynn field Lane	Garage/carport area;	square feet
City/State/ZIP: Port/ord, OC	97225		square feet
Suite/bldg./apt. no.:	Project name: William Walker alementary school	Covered porch area:	
Cross street/directions to Job site:	alemantary school	Deck area:	square feet
	V	Other structure area:	square feet
		REQUIRED DATA: COMMERCIA	
Subdivision:	Lot no.:	Permit fees* are based on the value of the indicate the value (rounded to the nearest	st dollar) of all equipment.
fax map/parcel no.:		materials, labor, overhead, and the profit this application.	for the work indicated on
DESCRIPT	ION OF WORK	Valuation \$22,000 1 \$3	7,000
Honging Kitchen H	ood & Install cooler-frage	Existing building area:	square feet
v v		New building area;	square feet
		Number of stories:	
		l lanting of groups:	
√ □ PROPERTY OWNER	☐ TENANT		
X PROPERTY OWNER  Name: B. C. C. W. P. J. D. V. S. J. D. C.	하는데 정園 등의 등의 사람들은 사람들이 되었다면 하는데 이 <del>하는데, 현실 의사 생각의 생각하여</del> 하는데 하는데, 하는데, 하는데, 이 사람들이 하는데, 하는데, 하는데, 하는데, 하는데, 하는데, 하는데, 하는데,	Туре of construction:	
× □ PROPERTY OWNER  Name: Beqwellen Schoo  Address:	하는데 정園 등의 등의 사람들은 사람들이 되었다면 하는데 이 <del>하는데, 현실 의사 생각의 생각하여</del> 하는데 하는데, 하는데, 하는데, 이 사람들이 하는데, 하는데, 하는데, 하는데, 하는데, 하는데, 하는데, 하는데,	Туре of construction: Оссиралсу groups:	
Namo: Begweiten Scho	하는데 정園 등의 등의 사람들은 사람들이 되었다면 하는데 이 <del>하는데, 현실 의사 생각의 생각하여</del> 하는데 하는데, 하는데, 하는데, 이 사람들이 하는데, 하는데, 하는데, 하는데, 하는데, 하는데, 하는데, 하는데,	Type of construction: Occupancy groups: Existing:	
Name: BEAWELLEN SCA ( Address: City/State/ZIP:	하는데 정園 등의 등의 사람들은 사람들이 되었다면 하는데 이 <del>하는데, 현실 의사 생각의 생각하여</del> 하는데 하는데, 하는데, 하는데, 이 사람들이 하는데, 하는데, 하는데, 하는데, 하는데, 하는데, 하는데, 하는데,	Type of construction: Occupancy groups: Existing: New:	
Name: <u>Beawerlen Scha</u> Address: City/State/ZIP: Phone:	sel District:	Type of construction: Occupancy groups: Existing: New:	
Name: <u>Beawellon</u> Scha Address: City/State/ZIP: Phone: E-mail:	sel District:	Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are rethe Oregon Construction Contractors Bo	ard under ORS 701 and
Name: Beqweiten Scha Address: City/State/ZIP: Phone: E-mail: GAG   APPLICANT	Fax:	Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are rethe Oregon Construction Contractors Bomay be required to be licensed in the juri	ard under ORS 701 and isdiction in which work is
Name: Beaweiten Schaanderess: City/State/ZIP: Phone: E-mail: CAG D APPLICANT Business name: Smith & Gree	Fax:	Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are rethe Oregon Construction Contractors Bo	ard under ORS 701 and isdiction in which work is
Name: Beawerton Schoo Address: City/State/ZIP: Phone: E-mail:  CA(r   APPLICANT  Business name: Smith & gree  Contact name: Means Seather	Fax:    CONTACT PERSON	Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are re the Oregon Construction Contractors Bo may be required to be licensed in the juri being performed. If the applicant is exer	ard under ORS 701 and isdiction in which work is
Name: Beawerton Schoo Address: City/State/ZIP: Phone: E-mail: GAG □ APPLICANT Business name: Smith & Gree Contact name: Means Settur Address: 3645 NW Free	Fax:    CONTACT PERSON	Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are re the Oregon Construction Contractors Bo may be required to be licensed in the juri being performed. If the applicant is exer	ard under ORS 701 and isdiction in which work is
Name: Beawellon Schoo Address: City/State/ZIP: Phone: E-mail: CAG DAPPLICANT Business name: Smith & Gree Contact name: Megal Settur Address: 361,5 NN Fro	Fax:    CONTACT PERSON   CONTACT PERSON	Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are re the Oregon Construction Contractors Bo may be required to be licensed in the juri being performed. If the applicant is exer	ard under ORS 701 and isdiction in which work is
Name: Beqwellon School Address: City/State/ZIP: Phone: E-mail:  CAG DAPPLICANT  Business name: Smith & gree Contact name: Meant Sertur  Address: 3645 NN From City/State/ZIP: Port land, OR Phone: 503,706,7154	Fax:    CONTACT PERSON   CONTACT PERSON   CONTACT PERSON	Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are re the Oregon Construction Contractors Bo may be required to be licensed in the juri being performed. If the applicant is exer	ard under ORS 701 and isdiction in which work is
Name: Beawerlon Schood Address:  City/State/ZIP:  Phone:  E-mail:  CAG DAPPLICANT  Business name: Smith & Gree  Contact name: Means Sether  Address: 3645 NN From  City/State/ZIP: Portland, OP  Phone: 503 706 71547  E-mail: Manuels @Smithane	Fax:    CONTACT PERSON    CL.    Fax:   Styreent. Com	Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are re the Oregon Construction Contractors Bo may be required to be licensed in the juri being performed. If the applicant is exer	ard under ORS 701 and isdiction in which work is not from licensing, the
Name: Beawerlon School Address: City/State/ZIP: Phone: E-mail:  CAG DAPPLICANT  Business name: Smith & gree Contact name: Meant Settle Address: 361,5 NN Fro City/State/ZIP: Port land, OR Phone: 503,706,7154  E-mail: Meanus @Struthana	Fax:    CONTACT PERSON    LL.    Fax:   Squeene Com	Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are rethe Oregon Construction Contractors Bomay be required to be licensed in the juribeing performed. If the applicant is exempted to be income and the puribeing performed.	ard under ORS 701 and isdiction in which work is not from licensing, the
Name: Beawerlan Schaa Address: City/State/ZIP: Phone: E-mail:  CAG DAPPLICANT  Business name: Smith & gree Contact name: Means Sertin Address: 361, 5 NN Fro City/State/ZIP: Portland, OR Phone: 503,706,7154  E-mail: Means Wishe And Spir Conti	Fax:    CONTACT PERSON    LL.    Fax:   Squeene Com	Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are rethe Oregon Construction Contractors Bomay be required to be licensed in the juribeing performed. If the applicant is exem following reasons apply:	ard under ORS 701 and isdiction in which work is not from licensing, the
Name: Beawerlan Schall Address: City/State/ZIP: Phone: E-mail:  Contact name: Smith & gree Address: 3645 NW Free City/State/ZIP: Portland, OR Phone: 503 706 7154 E-mail: Memus @Smu Maae Shi Conti	Fax:    CONTACT PERSON    LL.    Fax:   Squeene Com	Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are rethe Oregon Construction Contractors Bomay be required to be licensed in the juribeing performed. If the applicant is exempted to be applicant in the puribeing performed apply:  BUILDING PERMIT	ard under ORS 701 and isdiction in which work is not from licensing, the
Name: Beawerlan Schaa Address: City/State/ZIP: Phone: E-mail:  CAG DAPPLICANT  Business name: Smith & gree Contact name: Means Sertin Address: 361, 5 NN Fro City/State/ZIP: Portland, OR Phone: 503,706,7154  E-mail: Means Wishe And Spir Conti	Fax:    CONTACT PERSON    LL.    Fax:   Squeene Com	Type of construction:  Occupancy groups:  Existing:  New:  NOTICE  All contractors and subcontractors are rethe Oregon Construction Contractors Bomay be required to be licensed in the juribeing performed. If the applicant is exempted to the interest of the property of t	ard under ORS 701 and isdiction in which work is not from licensing, the

Fee methodology set by Trì-County Building Industry Service Board

Form B70-1001

17/2019

Date: O4

## ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

#### g Permit Application

Community Development Department **Building Division** 

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD

DECETVED OFFICE U	JSE ONL¥⊘⊝⊝⊘
Date Receiver /27/2019	Permit No.:
Date Issued: 15 200	By: CELL
CITY OF BEAVERTON	Payment Type

	BeaverionOregon.gov -	Pillil	PING DIVISION	
TYPE OF	WORK		DING DIVISION REQUIRED DATA: 1- AN Permit fees' are based on the val	
☑ New construction	☐ Demolition		Indicate the value (rounded to the	nearest dollar) of all equipment.
☐ Addition/alteration/replacement	Other:		materials, labor, overhead, and the this application.	ne profit for the work indicated on
CATEGORY OF	CONSTRUCTION	_  [	Valuation 43	3,007)
② 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms:	4
☐ Accessory building	☐ Multi-family	[	Number of bathrooms:	2.5
☐ Master builder	☐ Other:	_	Total number of floors:	2
JOB SITE INFORMAT	ION AND LOCATION	_	New dwelling area:	square feet 2802
Job site address: 16275 SW Jade View V	Vay	}	Garage/carport area:	square feet 486
city/State/ZtP: Beaverton, OR 97007			Covered porch area:	square feet
Suite/bldg /apt. no.:	Project name:		Deck area:	square feet
Cross street/directions to job site: Beard to Nor	a, S. on Diamond View, L on Jade		Other structure area:	square feet
View				MERCIAL-USE CHECKLIST
Subdivision: Jadeview	Lot no.: 4		Permit fees* are based on the Va	glue of the work performed.
Tax map/parcel no.: 1S129CB1 006800			Indicate the value (rounded to the materials, labor, overhead, and the	e nearest dollar) of all equipment, the profit for the work indicated on
	N OF WORK		this application.	MIDEO COMPANIE CONTRACTOR CONTRAC
Name Lama			Valuation	square feet
New Home			Existing building area:	
			New building area:	square feet
		_	Number of stories:	water the state of
☐ PROPERTY OWNER	☐ TENANT		Type of construction:	
Name: Gertz Construction Co Inc			Occupancy groups:	
Address: 19200 SW 46th Ave			Existing:	
City/State/ZIP: Tualatin, OR 97062-8770			New:	
Phone: (503) 692-3390	Fax: (503) 692-5433		NC	OTICE
E-mail: Ken@Gertzco.com	T COUTTO TOTOON	_	All contractors and subcontractor	ors are required to be licensed with actors Board under ORS 701 and
☑ APPLICANT	☐ CONTACT PERSON		may be required to be licensed	in the jurisdiction in which work is
Business name: Gertz Construction Co In	C		being performed. If the applicant is exempt from licensing, the following reasons apply:	
Contact name: Ken Gertz		_	Alexies	
Address: 19200 SW 46th Ave		$\dashv$		•
City/State/ZIP: Tualatin, OR 97062-8770	F (500) 600 5422			
Phone: (503) 692-3390	Fax: (503) 692-5433			
E-mail: Ken@Gertzco.com	LOTOR		BUILDING	PERMIT FEES*
CONTRA			Please refer	r to fee schedule
Business name: Gertz Construction Co Ir	IG	-	Fees due upon application	
Address: 19200 SW 46th Ave			Amount received	
City/State/ZIP: Tualatin, OR 97062-8770			Date received:	
Phone: (503) 692-3390	Fax: (503) 692-5433			
CCB lic.: 34350			This permit application ex within 180 days after it ha	pires if a permit is not obtained as been accepted as complete
Authorized signature:			* Fee methodology set by	
Distraction	Date:		Fee methodology set by	m-county building

06/20/19

Ken Gertz

Industry Service Board

Form B70-1001

**REV 2/14** 

### ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...



Print name:

### **Building Permit Application**

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222V/TDD BeavertonOregon.gov

24 10 000 52
62019-28607 o: Chelle

V D R E G Sen	BeavertonOregon.gov	
000 = 700 part (1200)		REQUIRED DATAL (FAND 2-FAMILY DWELLING
TY COLUMN TO THE REAL PROPERTY OF THE PROPERTY	PE OF WORK	Permit fees* are based on the value of the work performed.  Permit fees* are based on the value of the work performed.  Indicate the value (rounded to the nearest dollar) of all equipment, indicate the value (rounded to the profit for the work indicated on
☐ New construction	☐ Demolition	materials, labor, overneau, and the protection
Addillon/alteration/replacement	Other:	this application.  Valuation 1 0 0 0 0
CATEGOR	Y OF CONSTRUCTION	Number. of bedrooms:
1- and 2-family dwelling	☑ Commercial/Industrial	
☐ Accessory building	☐ Multi-family	Number of bathrooms:
77 st-elec builder	Other:	Total number of floors:
JOB SITE INF	ORMATION AND LOCATION	New dwelling area.
Job site address: 4590 5 W	) watson Ave.	Garage/carport area: square feet
City/State/ZIP: BU+J.	41.0	Covered porch area: square feet
Suite/bldg./apt. no.:	Project name Whole Do	Deck area: square feet
Cross street/directions to job site:		Other structure area: square feet
Gloss chief		REQUIRED DATA: COMMERCIAL USE CHECKLIST
	Lot no.:	Permit fees* are based on the value of the work performed.
Subdivision:	Edition	materials, labor, overhead, and the protection
Tax map/parcet no.:	ORIPTION OF WORK	this application.  Valuation
DES		
Walk-to coo	ler BOX (30 S	New building area: square feet
Www.	<del>.</del>	
		Number of stories:
PROBERTY OWNER	III TENANT	Type of construction:
Name:		Occupancy groups:
Address:		Existing:
City/State/ZIP:		New:
Phone:	Fax:	NOTICE:
E-mail:	S conflactor	All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name:		
Address:		
City/State/ZIP:		
Phone:	Fax:	
E-mail:		BUILDING PERMIT FREES!
	CONTRACTOR	Please refer to fee schedule
Business name: R.A.I. Idaa k	sech. INC.	Fees due upon application \$150.96
Address: 3307 NE	39 M St.	Amount received
Cily/State/ZIP: JANC.	WA. 98661	Pale renolyted:
Phone: 3/1/1.901.26	Fex: 360.693.13	> / a normit is not obtain
CCB (C.: 15 2 9 9	3 metro#	* Fee methodology set by Tri-County Building Industry
	1-1	Service Board
Authorized signature:	2 1 10 1 Dale: 05	5.29.19 Form 870-1001
1 4/1 0 1/4	101411	

BeavertonOregon.gc

Date:

7-17-2019

	Community Development Department
FIFOTOAN	Building Division Way / PO Box 4755
A EFECTIVOL	II S Y P W W M Kan Way / PO Box 4755
SEE 1:/BLD	TAIN / NAICE Q Beaverton, OR 97076
JOEF 1./ OFF	5 506 5493 Fax: (503) 526-2550
O R E G O N	General Information (503) 526-2222

OFFICE	JSE ONLY
Date Received: 07/19/2019	Permit No.: B2019-3085
Date Issued: 7-20-19	By: 11/2
CITY OF BEAVERTON	Payment Type:

☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGORY OF	CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INFORMA	TION AND LOCATION
Job site address:7770 Sw Hillcrest Place	
City/State/ZIP:Beaverton/OR/97008	
Suite/bldg./apt. no.:	Project name: Anna Haskel
Cross street/directions to job site:	
	Lot no.:
Subdivision:	LOCHO.
Tax map/parcel no.:	ON OF WORK
	□ TENANT
Name:Anna Haskel	
Address: 7770 Sw Hillcrest Place	
= =	
City/State/ZIP:Beaverton/OR/97008	
	Fax:
City/State/ZIP:Beaverton/OR/97008	Fax:
City/State/ZIP:Beaverton/OR/97008 Phone:503-894-3208	Fax:
City/State/ZIP:Beaverton/OR/97008 Phone:503-894-3208 E-mail:	
City/State/ZIP:Beaverton/OR/97008  Phone:503-894-3208  E-mail:	
City/State/ZIP:Beaverton/OR/97008  Phone:503-894-3208  E-mail:  Z APPLICANT  Business name:Renovations Inc	
City/State/ZIP:Beaverton/OR/97008  Phone:503-894-3208  E-mail:  APPLICANT  Business name:Renovations Inc  Contact name:Cory Miller	
City/State/ZIP:Beaverton/OR/97008  Phone: 503-894-3208  E-mail:  APPLICANT  Business name: Renovations Inc  Contact name: Cory Miller  Address: 4676 Commercial st se #452	
City/State/ZIP:Beaverton/OR/97008  Phone: 503-894-3208  E-mail:	CONTACT PERSON
City/State/ZIP:Beaverton/OR/97008  Phone: 503-894-3208  E-mail:	CONTACT PERSON
City/State/ZIP:Beaverton/OR/97008  Phone: 503-894-3208  E-mail:	CONTACT PERSON  Fax:
City/State/ZIP:Beaverton/OR/97008  Phone:503-894-3208  E-mail:  APPLICANT  Business name:Renovations Inc  Contact name:Cory Miller  Address:4676 Commercial st se #452  City/State/ZIP:Salem/or/97302  Phone:503-930-0202  E-mail:CoryM@renovationsinc.org  CONTR	CONTACT PERSON  Fax:
City/State/ZIP:Beaverton/OR/97008  Phone: 503-894-3208  E-mail:	CONTACT PERSON  Fax:
City/State/ZIP:Beaverton/OR/97008  Phone: 503-894-3208  E-mail:	CONTACT PERSON  Fax:
City/State/ZIP:Beaverton/OR/97008  Phone: 503-894-3208  E-mail:	Fax:

signature:

Print name:

Cory Miller

BUILDING DIVISIONTA 1- AND 2-FAMILY DWELLING Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. 43,000 Valuation Number, of bedrooms: 3 Number of bathrooms: Total number of floors: square feet New dwelling area: square feet Garage/carport area: Covered porch area: square feet square feet Deck area: square feet Other structure area: REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation Existing building area: square feet square feet New building area: Number of stories: Type of construction: Occupancy groups: Existing: New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: **BUILDING PERMIT FEES\*** Please refer to fee schedule \$364.68 Fees due upon application Amount received

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Date received:

## ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

Print name:

/ Development Department Building Division fillikan Way / PO Box 4755

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

| Date Receiv

OFFICE USE ONLY

	Date Received 7/19/201	9
ł	Data language of _ ( )	On

Permit No.:

Beaverton Phone: (503) 5	26-2493 Fax: (503) 526-2550 Dal	e (ssued:	7-26-19	Ву: 1/1/2	_	
OREGON Gener	BeavertonOregon.gov	CITY	OF BEAVERTON	Payment Type:		
TYPE OF	: WORK	- BULL	DING BEREIDA	TA: 1- AND 2-FAMILY DWELLING	_	
☐ New construction	☐ Demolition		Permit fees* are based	on the value of the work performed. Ided to the nearest dollar) of all equipment,	-	
	☐ Other:		materials, labor, overhe	and the profit for the work indicated on		
X Addition/alteration/replacement Other:			this application.	this application.		
☑ 1- and 2-family dwelling ☐ Commercial/industrial				Number, of bedrooms:		
	☐ Multi-family :	-				
			Number of bathroon		_	
☐ Master builder ☐ Other:  JOB SITE INFORMATION AND LOCATION			Total number of floo			
			New dwelling area:	square feet	_	
City/State/ZIP: Beaverton, C	elluride <u>le Mace</u> DR 97007	13.0	Garage/carport area	-	_	
Sulte/bldg./apt. no.:		succe (e	Covered porch area		_	
Cross street/directions to job site:	17-16-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-		Deck area:	square feet	_	
•			Other structure area	square feet	_	
****				A: COMMERCIAL-USE CHECKLIST	_	
Subdivision:	Lot no.:		Indicate the value (rour	on the value of the work performed. ded to the nearest dollar) of all equipment,		
Tax map/parcel no.:			materials, labor, overhed this application.	ad, and the profit for the work indicated on		
DESCRIPTION	Y OF WORK	<del></del>	Valuation			
- · ( / 10 - 0	11		Existing building are	a: square feet	_	
Remodel Moster Bith			New building area:	New building area: square feet		
			Number of stories:		_	
PROPERTY OWNER	☐ TENANT		Type of construction			
ZKI KOI ZKI I OTINZK			Type of conduction	4		
	Geclock		Occupancy groups:			
	Geclack					
Name: Paul & Becky	Geclach		Occupancy groups:			
Name: Paul & Becky ( Address: 15010 Sw Tellis	Gedoch		Occupancy groups:  Existing:  New:	NOTICE	_	
Name: Paul & Becky ( Address: 15010 SW Tellin City/State/ZIP: BRAVETTON , C	Geclach ride Tecrace OR 97007		Occupancy groups:  Existing:  New:	NOTICE  contractors are required to be licensed with	_	
Name: Paul & Becky ( Address: 15010 SW Tellus City/State/ZIP: Beavertory ( Phone: 503 459 9659	Geclach ride Tecrace OR 97007		Occupancy groups:  Existing:  New:  All contractors and sub the Oregon Construction way he required to be	NOTICE  contractors are required to be licensed with  n Contractors Board under ORS 701 and  icensed in the lurisdiction in which work is		
Name: Paul & Becky ( Address: ISO10 SW Tellis City/State/ZIP: Beaverton, C Phone: SV3 459 9659 E-mall: Paul M. Gertach	Seclache iride Terrade 77007 Fax  C. G. G. Mail: COM B. CONTACT PERSON		Occupancy groups:  Existing:  New:  All contractors and sub the Oregon Construction may be required to be being performed. If the	NOTICE  contractors are required to be licensed with n Contractors Board under ORS 701 and icensed in the jurisdiction in which work is applicant is exempt from licensing, the		
Name: Paul & Becky ( Address: 15010 SW Tellis City/State/ZIP: Beaver104, C Phone: 503 459 9659 E-mail: Paul M. Gerlach KAPPLICANT	Seclache iride Terrade 77007 Fax  C. G. G. Mail: COM B. CONTACT PERSON		Occupancy groups:  Existing:  New:  All contractors and sub the Oregon Construction way he required to be	NOTICE  contractors are required to be licensed with n Contractors Board under ORS 701 and icensed in the jurisdiction in which work is applicant is exempt from licensing, the		
Name: Paul & Becky ( Address: 15010 SW Tellin City/State/ZIP: Beavertott, C Phone: 503 459 9659 E-mail: Paul M. Gerlach EAPPLICANT Business name: Mauntain Wa Contact name: Fraig Le Nay	Geclach  Geclach  Geclach  George  97007  Fax  Comail: Com  Becontact person  od Itomes		Occupancy groups:  Existing:  New:  All contractors and sub the Oregon Construction may be required to be being performed. If the	NOTICE  contractors are required to be licensed with n Contractors Board under ORS 701 and icensed in the jurisdiction in which work is applicant is exempt from licensing, the		
Name: Paul & Becky ( Address: 15010 SW Tellin City/State/ZIP: Beavertott, C Phone: 503 459 9659 E-mail: Paul M. Gerlach EAPPLICANT Business name: Mauntain Wa Contact name: Fraig Le Nay	Geclach  Geclach  Geclach  George  77007  Fax:  Georgal: Com  Beontact person  Altomes		Occupancy groups:  Existing:  New:  All contractors and sub the Oregon Construction may be required to be being performed. If the	NOTICE  contractors are required to be licensed with n Contractors Board under ORS 701 and icensed in the jurisdiction in which work is applicant is exempt from licensing, the		
Name: Paul & Becky ( Address: ISO10 SW Tellis City/State/ZIP: BrayerTOH, C Phone: SW 3 459 9659 E-mall: Paul M. Gertech  SAPPLICANT  Business name: Mountain Wood Contact name: Fraig Le Nay Address: 8344 SW Nin	Geclach  Geclach  Geclach  George  97007  Fax  Comail: Com  Becontact person  od Itomes		Occupancy groups:  Existing:  New:  All contractors and sub the Oregon Construction may be required to be being performed. If the	NOTICE  contractors are required to be licensed with n Contractors Board under ORS 701 and icensed in the jurisdiction in which work is applicant is exempt from licensing, the	H	
Name: Paul & Becky ( Address: ISO10 SW Telling City/State/ZIP: Beavertow, C Phone: SV3 459 9659  E-mail: Paul M. Gerlach  SAPPLICANT  Business name: Mauntain War  Contact name: Fraig (ENAy  Address: 8324 SW Nin  City/State/ZIP: Beaver Tow, C Phone: 93 703 9203	Geclach Gide Teccace 97007 FAX LE GMAIL: COM BOONTACT PERSON Od Homes Thus Ale DR 97008		Occupancy groups: Existing: New: All contractors and subthe Oregon Construction may be required to be being performed. If the following reasons apply	NOTICE  contractors are required to be licensed with in Contractors Board under ORS 701 and icensed in the jurisdiction in which work is applicant is exempt from licensing, the :		
Name: Paul & Becky ( Address: ISO10 SW Telling City/State/ZIP: Beavertow, C Phone: SV3 459 9659  E-mail: Paul M. Gerlach  SAPPLICANT  Business name: Mauntain War  Contact name: Fraig (ENAy  Address: 8324 SW Nin  City/State/ZIP: Beaver Tow, C Phone: 93 703 9203	Geclock Geclock Gride Tecrace 97007  Fax  Le Grmail: Com CONTACT PERSON  od Itomes  Low 412  Pax  Fax: HWWoodhomes: Co		Occupancy groups:  Existing:  New:  All contractors and sub the Oregon Construction may be required to be being performed. If the following reasons apply	NOTICE  contractors are required to be licensed with an Contractors Board under ORS 701 and icensed in the jurisdiction in which work is applicant is exempt from licensing, the recommendation of the contract of the contrac		
Name: Paul & Becky ( Address: ISO10 SW Telling City/State/ZIP: Bravertott ( Phone: SV3 459 9659  E-mall: Paul M. Gerdech  SCAPPLICANT  Business name: MOUNTAINWOO  Contact name: Kraig (Nay  Address: 8324 SW Nin  City/State/ZIP: Bravertott ( Phone: SV3 703 9203  E-mall: KLEMAY (MOUNTAIN)	Geclack Geclack Gride Terrace 97007  Fax:  1 (a) Grmail: Com  Contact Person  od Itomes  1 bis Ave  1 2 2008  Fax:  INWoodhomes: Co		Occupancy groups: Existing: New: All contractors and subthe Oregon Construction may be required to be being performed. If the following reasons apply	NOTICE  contractors are required to be licensed with in Contractors Board under ORS 701 and icensed in the jurisdiction in which work is applicant is exempt from licensing, the reference of the contract of		
Name: Paul & Becky ( Address: ISO10 SW Tellis City/State/ZIP: Barrow Gertach  E-mail: Paul M. Gertach  SAPPLICANT  Business name: Mountain Woo Contact name: Mountain Woo Address: 8344 SW Nin City/State/ZIP: Barrow ( Phone: 93 703 9203  E-mail: KLEMAY (** Mountain CONTRACT	Geclach  Geclach  Gride Terrace  97007  Fax  Le Gmail: Com  BLONTACT PERSON  od Homes  Low 412  PR 97008  Fax  Fax  INWOOdhomes: Co  od Homes		Occupancy groups:  Existing:  New:  All contractors and sub the Oregon Construction may be required to be being performed. If the following reasons apply	NOTICE  contractors are required to be licensed with in Contractors Board under ORS 701 and icensed in the jurisdiction in which work is applicant is exempt from licensing, the :  LDING PERMIT FEES*  ase refer to fee schedule		
Name: Paul & Becky ( Address: ISO10 SW Telling City/State/ZIP: Bravertott ( Phone: SV3 459 9659  E-mall: Paul M. Gerdech  SAPPLICANT  Business name: MOUNTAINWOO  Contact name: Fraig (Nay  Address: 8324 SW Nin  City/State/ZIP: Bravertott ( Phone: D3 703 9203  E-mall: KLEMAY (MOUNTAINWOO  Business name: MOUNTAINWOO  CONTRACT  Business name: MOUNTAINWOO  CONTRACT  Business name: MOUNTAINWOO  Business name: MOUNTAINWOO  CONTRACT  CONTRA	Geclach Gide Tecrace PR 97007  FAX  LE GMAIL: COM  BLONTACT PERSON  Od Homes  Thus AVE  PR 97008  FAX  THUROACHOMICS: CO  TOR  Od Homes  Thuras  Thuras		Occupancy groups: Existing: New: All contractors and subthe Oregon Construction may be required to be being performed. If the following reasons apply	NOTICE  contractors are required to be licensed with in Contractors Board under ORS 701 and icensed in the jurisdiction in which work is applicant is exempt from licensing, the reference of the contract of		
Name: Paul 1- Becky ( Address: ISO10 SW Telling City/State/ZIP: Beavertow ( Phone: SV3 459 9659  E-mall: Paul M. Gerdech  SAPPLICANT  Business name: MOUNTEINWOO  Contact name: Fraig (NAM)  Address: 8324 SW Nim  City/State/ZIP: Beavertow (C Phone: \$\text{P33} 703 9203  E-mall: KLEMAY (PMOUNTAIN)  Business name: MOUNTAINWOO  Address: 8324 SW Nim  Contract  Contract	Geclach  Geclach  Gride Terrace  97007  Fax  Le Gmail: Com  BLONTACT PERSON  od Homes  Low 412  PR 97008  Fax  Fax  INWOOdhomes: Co  od Homes		Occupancy groups: Existing: New:  All contractors and sub the Oregon Construction may be required to be being performed. If the following reasons apply  BUI Ple Fees due upon applica	NOTICE  contractors are required to be licensed with in Contractors Board under ORS 701 and icensed in the jurisdiction in which work is applicant is exempt from licensing, the reference of the contract of		
Name: Paul 4 Becky ( Address: ISO10 SW Telling City/State/ZIP: Paul M. Gerdech  SAPPLICANT  Business name: MOUNTAINWOO  Contact name: Fraig (Nay  Address: 8324 SW Nin  City/State/ZIP: Ball Tow, C  Phone: 93 703 9203  E-mall: KLEMAY (MOUNTAINWOO  Address: 8324 SW Nin  Contract  Contract	Geclach Gide Tecrace PR 97007  FAX  LE GMAIL: COM  BLONTACT PERSON  Od Homes  Thus AVE  PR 97008  FAX  THUROACHOMICS: CO  TOR  Od Homes  Thuras  Thuras		Decupancy groups:  Existing:  New:  All contractors and subthe Oregon Construction may be required to be being performed. If the following reasons apply  Butter Placetors  Amount received  Date received:	NOTICE  contractors are required to be licensed with in Contractors Board under ORS 701 and icensed in the jurisdiction in which work is applicant is exempt from licensing, the reference of the contract of		

Date:

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

# ELECTRONIC SUBMITTALDevelopment Department Building Division SEE I:/BLDG DIV W.Gs Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD

Dross	
OFFICE (	JSE ONLY
Date Received: 07/01/2019	Permit No.: B2019-2833
Date Issued: 7.20010	By: acu
CITY OF BEAVERTON	Payment Type:

OREGON General	BeavertonOregon.gen	CITY	Y OF BEAVERTON P	ayment Type:
τv	PE OF WORK	—_BŲ	ILDING PLYISLONATA	1- AND 2-FAMILY DWELLING
	☐ Demolition		Permit fees" are based on t	he value of the work performed.
New construction	Other:		materials, labor, overhead,	to the nearest dollar) of all equipment, and the profit for the work indicated on
☑ Addition/alteration/replacement	OF CONSTRUCTION		this application.	
	☐ Commercial/industrial		Valuation	
1- and 2-family dwelling			Number, of bedrooms:	
Accessory building	Multi-family		Number of bathrooms:	
Master builder	☐ Other:		Total number of floors:	
The state of the s	RMATION AND LOCATION		New dwelling area:	square feet
Job site address: 14195 &14205 SW /			Garage/carport area:	square feet
city/State/ZIP: Beaverton, OR 97005			Covered porch area:	square feet
Suite/bldg./apt. no.:	Project name: Nectar Cannabis		Deck area:	square feet
	east of intersection of SW 141st S	treet	Other structure area:	square feet
and SW	Allen BLVD.		REQUIRED DATA: 0	COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:		Permit fees* are based on	the value of the work performed.
Tax map/parcel no.:			Indicate the value (rounded materials, labor, overhead,	to the nearest dollar) of all equipment, and the profit for the work indicated on
	IPTION OF WORK		this application.	- AND
			Valuation	\$8500
Install double face led illuminated	rree standing pole sign		Existing building area:	square feet
			New building area:	square feet
			Number of stories:	
☐ PROPERTY OWNER	☑ TENANT		Type of construction:	
Name: Nectar Cannabis			Occupancy groups:	
Address: 14195 SW Allen BLVD			Existing:	
City/State/ZIP: Beaverton OR 97005			New:	
Phone:	Fax:			NOTICE
E-mail:			All contractors and subcon	tractors are required to be licensed with
☑ APPLICANT	☐ CONTACT PERSON		the Oregon Construction C	ontractors Board under ORS 701 and used in the jurisdiction in which work is
Business name: Image King Signs			being performed. If the applicant is exempt from licensing, the	
Contact name: Dan Culnane			following reasons apply:	
Address: 4051 W 1st Ave				· ·
City/State/ZIP: Eugene, OR 97402				
Phone: (541) 484-1482	Fax: (541) 465-8994			
E-mail: dan@imagekingsigns.com				
	NTRACTOR		BUILDI	NG PERMIT FEES*
Business name: Image King Signs			Please	refer to fee schedule
Address: 4051 W 1st Ave			Fees due upon application	\$162.16
City/State/ZIP: Eugene, OR 97402			Amount received	
Phone: (541) 484-1482	Fax: (541) 465-8994		Date received:	
CCB IIc.: 161313				
Authorized			This permit applicatio within 180 days after	n expires if a permit is not obtained it has been accepted as complete
signature:				

Date:

06/28/19

Print name:

Dan Culnane

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department Building Division

12725 SW Millikan Way / PO Box 4755
ELECTRONIC SUBMITTAL Fax: (503) 526-2550
ation (503) 526-2222

Date Received

Date Issued:

OFFICE	USE ONLY
07/12/2019	Permit No.: B2019-2995
7-25-19	Ву: 11

Payment Type:

CITY OF BEAVERTO SEE I:/BLDG DIV WGeavertonOregon.gov TYPE OF WORK Demolition ☐ New construction Other: ☑ Addition/alteration/replacement CATEGORY OF CONSTRUCTION Commercial/industrial ☑ 1- and 2-family dwelling ☐ Accessory building Other: ☐ Master builder JOB SITE INFORMATION AND LOCATION Job site address: 7037 SW 158th Ave. city/State/ZIP:Beaverton, OR 97007 Project name: Hedine/Bloom 32820 Suite/bldg./apt. no.: Cross street/directions to job site: Lot no.: Subdivision: Tax map/parcel no.: DESCRIPTION OF WORK Voluntary Underpinning Using 4 Push Piers and 3 Helical Piers ☐ TENANT PROPERTY OWNER Name: Roy Hedine Address: 7037 SW 158th Ave city/state/ZIP:Beaverton, OR 97007 Fax: Phone: (503) 686-9356 E-mail: CONTACT PERSON ☐ APPLICANT Business name: TerraFirma Foundation Systems Contact name: Elenita Ronquillo Address: 13110 SW Wall St. city/state/ZIP: Tigard, OR 97223 Fax: Phone: (503) 718-4533 E-mall:eronquillo@terrafirmafs.com CONTRACTOR Business name: TerraFirma Foundation Systems Address:13110 SW Wall St. city/state/ZIP: Tigard, OR 97223 Fax: Phone: (971) 205-5235 CCB IIc.:173547

Dale:

Authorized signature:

Print name:

AMILY DWELLING
the work performed. est dollar) of all equipment, it for the work indicated on
\$15,882.00
square feet
AL-USE CHECKLIST
the work performed. est dollar) of all equipment, fit for the work Indicated on
square feet
square feet
required to be licensed with Soard under ORS 701 and urisdiction in which work is empt from licensing, the
IT FEES
schedule \$182.90

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

# ELECTRONIC SUBMITTAL relopment Department SEE 1:/BLDG DIV WG-8 Beaverton, OR 97076 Beaverton, OR 97076 Beaverton, OR 97076

Print name:

RECEIVED
OFFICE USE ONLY 07/17/2019 Permil No.: B2019-3045 Date Received:

	(503) 526-2493 Fax: (503) 526-2550   [ General Information (503) 526-2222	ale Issued;	<u>7-25-19</u> By:	7u~,
40 H E 6 0 H	BeavertonOregon.gov	Cl	TY OF BEAVERTO Rayme	
	YPE OF WORK	<b>5</b>	LILDING DIVISION: 1-AN	ID 2-FAMILY DWELLING
☐ New construction	☐ Demolition		Permit fees* are based on the va	ue of the work performed.
☑ Addition/alteration/replacement	Other:		Indicate the value (rounded to the malerials, labor, overhead, and the	
CATEGOR	RY OF CONSTRUCTION	heres retr.	this application.  Valuation	
1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms:	
☐ Accessory building	☐ Multi-family			
☐ Master builder	☑ Other:		Number of bathrooms:	
JOB SITE INFO	DRMATION AND LOCATION	etreorii.	Total number of floors:	
Job site address: 5065/5045 SW NOI	RMANDY		New dwelling area;	square feet
City/State/ZIP: BEAVERTON, OR 97			Garage/carport area: UC	) square feet
Sulte/bldg./apt, no.;	Project name: WESTBROOK 506	5/504	Covered porch area:	square feet
Cross street/directions to job site: MURRA			Deck area:	square feet
MONTA	11 & 011101	1	Other structure area:	square feet
			REQUIRED DATA: COMMI	RCIAL-USE CHECKLIST
Subdivision:	Lot no.:		Permit fees* are based on the value indicate the value (rounded to the	e of the work performed.
Tax map/parcel no.;			materials, labor, overhead, and the this application.	profit for the work indicated on
DESCF	RIPTION OF WORK	No. of the	Valuation 10 ) TT	)
REMOVE OLD CARPORT ROOFS		İ	Existing building area:	square feet
INSTALL NEW PLYWOOD AND	NEW ROOFING MATERIAL	• ]	New building area;	· · · · · · · · · · · · · · · · · · ·
			Number of slories:	square feet
PROPERTY OWNER	TENANT	49464	•	
Name: CAROL MOONEY - WEST	BROOK MAINTENANCE CHAIR	118-121-15-15-1	Type of construction:	
Address;			Occupancy groups:	
City/State/ZIP:	· · · · · · · · · · · · · · · · · · ·		Existing:	
Phone: (503) 504-5533	Fax;		New;	
E-mail:			NOTI	CE
APPLICANT	☑ CONTACT PERSON	Particular in	All contractors and subcontractors	are required to be licensed with
Business name: GREG LEE CONSTR		17.22	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the	
Contact name: LINDSEY BERGIN			following reasons apply:	ayattıhı nom ecanand' me
Address: 11170 SW TORLAND ST				
City/State/ZIP: TIGARD OR 97223				
Phone: (503) 941-9718	Fax:			
-mall: LINDSEY@GREGLEEROO	FING.COM		,	
Contract the second section is a second second section of the second section is a second second section of the	TRACTOR	050/2003	BUILDING PER	MIT FEES
lusiness name: SAME AS ABOVE		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Please refer to f	ee schedule
ddress;			Fees due upon application	
illy/State/ZIP:			Amount received	\$290.98
hone;	Fax:		Date received:	
			nare tacelsant	
CB IIa: 206852				11

Date:

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

		Community Development Department	
	I ELECTROI	VIC SUBMITAL Building Division	
~ J	A cee Land	A 12725 SWA/IIIWan Way / PO Box 4755	
Al!	/	G DIV WG-8 Beaverton, OR 97076	Da
- 17	Beaverton	Pnone: (503) 526-2493 Fax: (503) 526-2550	Da
`(	OREGON	General Information (503) 526-2222	

Print name:

Josh A Peterson

OFFICE	USE ONLY
ate Received: 05/31/2019	Permit No.: B2019-2326
ate Issued: 7-25-17	By: ML
CITY OF BEAVERTON	Payment Type: CM////

V D R E G O N GGIN	BeavertonOregon.gc	UII	Y OF BEAVERTON Paymen	nt Type: WW	<u> </u>
TYPE (	DF WORK		REQUIRED DATA: 1- AN	D 2-FAMILY DWELLING	G
☐ New construction	Demolition		Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipme		<b>u</b> .
✓ Addition/alteration/replacement	☐ Other:		materials, labor, overhead, and the		
	CONSTRUCTION		this application.	\$15Q	567.84
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms:	3 existing /	
☐ Accessory building	☐ Multi-family				
☐ Master builder	Other:		Number of bathrooms:	1.5 existing /	Zilew
JOB SITE INFORMA	TION AND LOCATION		Total number of floors:		4054
Job site address: 5240 SW Dover Ln			New dwelling area:	square feet	1254
City/State/ZIP: Portland / Oregon / 97225	)		Garage/carport area:	square feet	450
Suite/bldg./apt. no.:	Project name: Peterson Home Ad	ddition	Covered porch area:	square feet *	n/a
Cross street/directions to job site: Second Lot			Deck area:	square feet	n/a
	iver St on the East side of Dove		Other structure area:	square feet	n/a
			REQUIRED DATA: COMME	and the contraction of the field of the contraction	A STATE OF THE PARTY OF THE PAR
Subdivision: Hemstreet Heights	Lot no.: R99654		Permit fees* are based on the value indicate we value (rounded to the	ue of the work performed nearest dollar) of all egt	i lipment,
Tax map/parcel no.: 1S113DA04600		A Table Service (Service)	materials, lasor, overhead, and the profit for the work indicated of this application.		
DESCRIPTION	ON OF WORK		Valuation		
Addition of Master Suite, Bedroom, E	Bathroom, and Multipurpose Ro	om on	Existing building area:	square feet	
front of existing single family home.			New building area:	square feet	
			Number of stories:		
PROPERTY OWNER	☐ TENANT		Type of construction:		·····
Name: Josh & Natalie Peterson			Occupancy groups:		
Address: 5240 SW Dover Ln			Existing:		
City/State/ZIP: Portland / Oregon / 97225			New:		-
Phone: (503) 729-2143	Fax:		NOT	ICF	
E-mail: joshuap@gbdarchitects.com			All contractors and subcontractors	et ma signa gradiga papaga ga main. Tobag a	end with
☑ APPLICANT	☐ CONTACT PERSON		the Oregon Construction Contracts may be required to be licensed in	ors Board under ORS 70	01 and
Business name: ELP DESIGN			being performed. If the applicant is	s exempt from licensing,	the
Contact name: Josh Peterson			following reasons apply:		
Address: 5240 SW Dover Ln				•	
City/State/ZIP: Portland / Oregon / 97225	j				
Phone: (503) 729-2143	Fax:				
E-mail: joshuap@gbdarchitects.com	,				era god a seguita gib
CONTRA	ACTOR		BUILDING PE	RMIT FEES*	
Business name: Cutty Hyde Construction			Please refer to	fee schedule	
Address: 2725 NE 17th Ave			Fees due upon application	\$1,102.4	3
city/State/ZIP: Portland / Oregon / 97212			Amount received		
Phone: (503) 720-0930	Fax:		Date received:		
CCB IIc.: 119731			This permit application expire	es if a permit is not obt	tained
Authorized Signature:		•	within 180 days after it has t		

Date:

05/23/19

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

# ELECTRONIC SUBMITTAL evelopment Department Building Division (an Way / PO Box 4755 Beaverton, OR 97076 Beaverton Phone: (503) 526-2493 Fax: (503) 526-2550

Print name:

DECEIVE OFFICE	JSE ONLY
Date Receive 07/17/2019	Permit No.: B2019-3046
Date Issued: 7 - 25 - 19	By: ML
CITY OF BEAVERTON	Payment Type: AMX

OREGON	General Information (503) 526-2222   BeavertonOregon.gov	CITY OF BEAVERTON Payment Type: AMX
	TYPE OF WORK	BULDING REGISTED DATA: 1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipme
☑ Addition/alteration/replacement	Olher:	materials, labor, overhead, and the profit for the work indicated
	ORY OF CONSTRUCTION	this application.  Valuation
1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms;
Accessory building	☐ Multi-family	
☐ Master builder	☑ Other;	Number of bathrooms;
	FORMATION AND LOCATION	Total number of floors:
Job site address; 5032 SW NORMA		New dwelling area: square feet
City/State/ZIP: BEAVERTON, OR		Garage/carport area: LPOO square feet
Suite/bldg./apt, no.:	Project name: WESTBROOK 50	Covered porch area: square feet
Cross street/directions to job site: MURF		Deck area: square feet
MOKE	(AY & BIH SI	Other structure area: square feet
		REQUIRED DATA: COMMERCIAL USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipmen
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated this application.
DES	CRIPTION OF WORK	Valuation 12 579
REMOVE OLD CARPORT RO		Existing building area: square feet
INSTALL NEW PLYWOOD AN	ID NEW ROOFING MATERIAL	
PROPERTY OWNER	☐ TENANT	Number of stories:
	TBROOK MAINTENANCE CHAIR	Type of construction:
Address:	TENOOR WANTENANCE OF MIX	Occupa: 3y groups;
City/State/ZIP:	,	Existing:
Phone: (503) 504-5533	Fax:	New:
E-mail:	100	NOTICE
☐ APPLICANT	☑ CONTACT PERSON	All contractors and subcontractors are required to be licensed withe Oregon Construction Contractors Board under ORS 701 and
Business name: GREG LEE CONS'		may be required to be licensed in the jurisdiction in which work is
Contact name: LINDSEY BERGIN	TROOTION	being performed. If the applicant is exempt from licensing, the following reasons apply:
Address: 11170 SW TORLAND S	<b></b>	
City/State/ZIP: TIGARD OR 97223	1	
Phone: (503) 941-9718	Fax:	
E-mail: LINDSEY@GREGLEERO		
A CONTRACT OF THE PROPERTY OF	ONTRACTOR	BUILDING PERMIT FEES
Business name: SAME AS ABOVE		Please refer to fee schedule
Address:		
City/State/ZIP:		Fees due upon application \$209.01
Phone:	Fax;	Amount received
	I PA	Date received:
CCB IIc.: 206852		This permit application expires if a permit is not obtained
Authorized M M M		within 180 days after it has been accepted as complete

Date:

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
3 Fax: (503) 526-2520
mation (503) 526-2222

RECEIVES	
OFFICE	USE ONLY
Date Received: 07/10/2019	Permit No.: B2019-2951
Date Issued: 7-23-19	By: W
CITY OF BRIDE	5 17 W 12 C C

SEE I:/BLDG DIV WG	- 8 BeavertonOregon.gc L
TYPE	OF WORK
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGORY OF	CONSTRUCTION
1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Olher:
JOB SITE INFORMA	TION AND LOCATION
Job site address: 15220 NW Greenbrier F	arkway
City/state/ZIP: Beaverton OR 97006	
Suite/bldg./apt, no.: 245	Project name: Hawkridge Systems
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
	ON OF WORK
Instali Casework  Z PROPERTY OWNER	☐ TENANT
PROPERTY OWNER	☐ TENANT
Name: Lincoln Property Company	
Address: 1211 Sw 5th Ave Suite 700	
City/State/ZIP: Portland OR 97204	
Phone: (503) 224-1193	Fax:
E-mail: LMorrison@LPC.com	
☑ APPLICANT	CONTACT PERSON
Business name: Commercial Contractors	inc
Contact name: Jake Money	
Address: 5573 S 1st Circle	
City/State/ZIP: Ridgefield WA 98642	
Phone: (503) 227-4440	Fax:
E-mail: jake@ccigc.com	
CONTRA	CTOR
Business name: Commercial Contractors	Inc
Address: 5573 S 1st Circle	
City/State/ZIP: Ridgefield WA 98642	
Phone: (503) 227-4440	Fax:
CCB IIc.: 123729	
Authorized XVIIII	

Print name:

Intra Manage

Date:

07/00/40

Y OF BEAVERTON Payment Type:	Visa	
JILDING DIVISION REQUIRED DATA: 1- AND 2-FA	MILY DWELL	ING
Permit fees* are based on the value of the indicate the value (rounded to the neares materials, labor, overhead, and the profit this application.	t dollar) of all	equipment,
Valuation		
Number, of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIAL		
Permit fees* are based on the value of the indicate the value (rounded to the neares materials, labor, overhead, and the profit this application.	t dollar) of all e for the work in	dicated on
Valuation		<u>\$48,064</u>
Existing building area:	square feet	169139
New building area:	square feet	5306
Number of stories:		3
Type of construction:		III-B
Occupancy groups:		
Existing:		В
New:		В
NOTICE		
All contractors and subcontractors are req the Oregon Construction Contractors Boa may be required to be licensed in the juris being performed. If the applicant is exemp following reasons apply:	rd under ORS diction in whic	701 and h work is
BUILDING PERMIT F		
Please refer to fee sch		
Fees due upon application	\$908.75	)
Amount received		
Date received:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



Print name:

Roberta E. Pennington

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Date Received:

**OFFICE USE ONLY** Permit No.: B 2019-3147 Date Issued: Ву: Payment Type:

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

	BeavertonOregon.go		
туј	PE OF WORK	REQUIRED DATA: 1- AN	D 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipme materials, labor, overhead, and the profit for the work indicated this application.	
☑ Addition/alteration/replacement	☐ Other:		
CATEGORY	OF CONSTRUCTION	Valuation	
☐ 1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedrooms:	
☐ Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	☐ Other:	Total number of floors:	
JOB SITE INFO	RMATION AND LOCATION	New dwelling area:	square feet
Job site address: 8555 SW Apple Way	,	Garage/carport area:	square feet
City/State/ZIP: Portland/ OR/ 97225	•		
Suite/bldg./apt. no.: 330	Project name: Tri-Talent Funding	Covered porch area:	square feet
Cross street/directions to job site: SW Apple	e Way & Beaverton-Hillsdale Highway (Rt	Deck area:	square feet
10)		Other structure area:	square feet
0.44/.42	1-1	REQUIRED DATA: COMME	
Subdivision:	Lot no.:	Permit fees* are based on the value Indicate the value (rounded to the	nearest dollar) of all equipment,
Tax map/parcel no.:		materials, labor, overhead, and the this application.	e profit for the work indicated on
	PTION OF WORK	Valuation	\$75,000
	ling break room, file and copy rooms, and	Existing building area:	square feet
secure server room. New interior walls, doors, relites, and casework.  Existing suspended ceiling to remain.		New building area:	square feet n/a
		Number of stories:	4
☐ PROPERTY OWNER	☑ TENANT	Type of construction:	V-E
Name: AAA represented by Doug B	Bean & Associates	Occupancy groups:	
Address: 1211 SW Fifth Ave., Ste. 1	440	Existing:	E
City/State/ZIP: Portland/ OR/ 97204		New:	F
Phone: (503) 222-5100	Fax:	NOTI	CE
E-mail:		All contractors and subcontractors	
☑ APPLICANT	□ CONTACT PERSON	the Oregon Construction Contractors may be required to be licensed in the	ors Board under ORS 701 and
Business name: Ankrom Moisan Archi	tects, Inc.	being performed. If the applicant is	exempt from licensing, the
Contact name: Roberta Pennington		following reasons apply:	
Address: 38 NW Davis St., Ste. 300			•
City/State/ZIP: Portland/ OR/ 97209			
Phone: (503) 952-1347	Fax:		
E-mail: robertap@ankrommoisan.co	om		
CON	ITRACTOR	BUILDING PE	RMIT FEES*
Business name: Summit Construction		Please refer to	fee schedule
Address: P.O. Box 10345		Fees due upon application	
city/State/ZIP: Portland/ OR/ 97296		Amount received	
	- /=00\ 0.40 00.44	Data speakeds	
Phone: (503) 223-9703	Fax: (503) 242-3841	Date received:	

Date:

07/23/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

**REV 2/14** 

\$75,000

n/a 4 V-B

> В В

ELECTRONIC SUBMITTAL Copment Department

Beaverton

Print name: Chad E Davis

Building Division
Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

Relssue

OFFICE	USE ONLY
Date Received: 05/28/2019	Permit No.: B2019-2255
Date Issued;	By: CleU
CITY OF BEAVERTON	Payment Type Check
BUILDING DIVISION	
	A: 1- AND 2-FAMILY DWELLING

	BeavertonOregon.gov L	9117	OL BEAVERTON	1011 1310 CA 16-17	F
TYPE	of Work	BUII	PING POURIONTA: 1-	AND 2-FAMILY DWELLIN	G 🖟 🔆
☑ New construction	☐ Demolition	***************************************	Permit fees* are based on the Indicate the value (rounded to	value of the work bettering	a.
☐ Addition/alteration/replacement	☐ Olher:		materials, labor, overhead, an		
CATEGORY OF	CONSTRUCTION		this application.  Valuation	\$292,561.54	
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms:	4202,001.01	4
☐ Accessory building	☐ Multi-family		Number of balhrooms:		
☐ Master bullder	☐ Other:		Total number of floors:		2
JOB SITE INFORMA	ATION AND LOCATION		New dwelling area:	square feet	2199
Job site address: 9835 SW 172nd Ave				· · · · · · · · · · · · · · · · · · ·	
City/State/ZIP: Beaverton, OR 97076			Garage/carport area:	square feet	400
Suite/bidg_/apt, no.:	Project name: Kemmer Summit		Covered porch area:	square feet	80
Cross street/directions to job site: SW Ridge I	Drive		Deck area:	square feet	100
OTT Hago.	2,110		Other structure area:	square feet	<del>900 (700 500 500 7</del>
				IMERCIAL-USE CHECKL	
Subdivision: Kemmer Summit	Lot no.: 5		Permit fees* are based on the indicate the value (rounded to	the nearest dollar) of all eq	ulpment,
Tax map/parcel no.:		version en in-	materials, labor, overhead, and this application.	d the profit for the work indi	cated on
DESCRIPTION	ON OF WORK		Valuation		
New Construction Single Family Res	sidential		Existing building area:	square feet	
			New building area:	square feet	***************************************
			Number of stories:	**************************************	····
PROPERTY OWNER	☐ TENANT		Type of construction:		
Name: Chad E Davis Construction			Occupancy groups:		
Address: 2420 Pacific Ave			Existing:		
city/State/ZIP: Forest Grove OR 97116			New:		
Phone: 503.357.8587	Fax: 503-992-2301		VA.42 - VA.52	OTICE	Seval Card
E-mail: mattweatherdon@gmail.com					and with
☐ APPLICANT ☐ CONTACT PERSON			All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is		01 and
Business name: Chad E Davis Construction			being performed. If the applica		
Contact name: Matt Weatherdon	,		following reasons apply:	· · · · · · · · · · · · · · · · · · ·	
Address: 2420 Pacific Ave					
City/State/ZIP: Forest Grove OR 97116	•				
Phone: 503,357,8587	Fax: 503-992-2301				
E-mail: mattweatherdon@gmail.com					
GÖNTRA	ACTOR		BUILDING	PERMIT FEES*	
Business name: Chad E. Davis Construc	etion		Please refe	r to fee schedule	
Address: 2420 Pacific Ave	**************************************		Fees due upon application	\$1257.9	76
City/State/ZIP: Forest Grove OR 97116	<u> </u>		Amount received	628.0	18
Phone: 503.357.8587	Fax: 503-992-2301		Date received:		
CCB IIa.: # 154184			This permit application ex	nivae if a narmit is not -t-	falned
Authorized / Authorized	<b>h</b>			as been accepted as com	

Date:

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 ELECTRONIC SUBMITTA (24:3 Fax: (503) 526-2550

Date Receive

Date Issued:

DECEMBE		
OFFICE (	USE ONLY	
: 07/24/2019	Permit No.: B2	019-3166
7-111-19	By All	

SEE I:/BLDG DIV WG-8... BeavertonOregon.gov BeavertonÓregon.gov TYPE OF WORK ■ Demolition ☐ New construction Addition/alteration/replacement Other: CATEGORY OF CONSTRUCTION Commercial/industrial 1- and 2-family dwelling ☐ Multi-family ☐ Accessory building Other: ■ Master builder JOB SITE INFORMATION AND LOCATION Job site address: 7200 SW Benz Park Dr City/State/ZIP: Portland, OR, 97229 Suite/bldg./apt. no.: Project name: Nagler Residence Cross street/directions to job site: 1 block North of Hwy 8 on Benz Park Dr Lot no.: Subdivision: Tax map/parcel no.: 1S112AB02000 DESCRIPTION OF WORK Kitchen remodel including 1) removal of bearing wall and replacement with beam 2) cut out and installation of 2 new windows 3) electrical, plumbing and mechanical associated with kitchen remodel. PROPERTY OWNER ☐ TENANT Name: Gabe Nagler Address: 7200 SW Benz Park Dr City/State/ZIP: Portland, OR, 97225 Phone: 541 844 8405 E-mail: gabenagler@gmail.com □ APPLICANT □ CONTACT PERSON Business name: Contact name: Address: City/State/ZIP: Phone: Fax: E-mail: CONTRACTOR Business name: Gabe Nagler Address: 7200 SW Benz Park Dr City/State/ZIP: Portland, OR, 97225 Phone: 541 844 8405 Fax: CCB lic.:

Authorized signature:

Print name:

CITY OF BEAVERTON BUILDING DIVISION 1- AND 2-FAMILY DWELLING Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation 8000 Number, of bedrooms: Number of bathrooms: Total number of floors: square feet New dwelling area: Garage/carport area: square feet Covered porch area: square feet Deck area: square feet Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation Existing building area: square feet New building area: square feet Number of stories: Type of construction: Occupancy groups: Existing: New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: **BUILDING PERMIT FEES\*** Please refer to fee schedule

> This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Fees due upon application

Amount received

Date received:

7/24/19



**Community Development Department Building Division** 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 ReavertonOregon.gov

OFFICE	USE ONLY
Date Received: 07/09/2019	Permit No.: B2019-2915
Date Issued:	EAN
19 2019	Payment Type:

	YPE OF WORK		REQUIRED DATA: 1- AND 2-FA
☐ New construction	☐ Demolition		Permit fees* are based on the value of the Indicate the value (rounded to the nearest
☑ Addition/alteration/replacement	☐ Other:		materials, labor, overhead, and the profit this application.
CATEGOI	RY OF CONSTRUCTION		Valuation
2 1- and 2-family dwelling	☐ Commercial/indu	ıstrial	Number, of bedrooms;
☐ Accessory building	☐ Multi-family		Number of bathrooms:
☐ Mester builder	Other:		Total number of floors:
JOB SITE INF	ORMATION AND LOCATIO	N	New dwelling area:
Job site address:17795 Fall Ct.			Garage/carport area:
City/State/ZIP:Beaverton OR 97006	3		
Suite/bldg./apt, no.:	Project name: ES	- Stevens	Covered porch area:
Cross street/directions to job site:			Deck area:
			Other structure area:
			REQUIRED DATA: COMMERCIA
Subdivision:	Lot no.:		Permit fees* are based on the value of the Indicate the value (rounded to the neare
Tax map/parcel no.:			materials, labor, overhead, and the profit this application.
	RIPTION OF WORK		Valuation
Prescriptive 11.47kW Solar Insta	allation on Standing N	Metal root.	Existing building area:
			New building area:
			Number of stories;
PROPERTY OWNER	].	TENANT	Type of construction:
Name:Brian Stevens		A	Occupancy groups:
Address: 17795 Fall Ct.		· · · · · · · · · · · · · · · · · · ·	Existing:
City/State/ZIP:Beaverton OR 97006	}		
Phone:(503) 533-8726	Fax:		New:
E-mail:			NOTICE
P APPLICANT	☑ co	NTACT PERSON	All contractors and subcontractors are re the Oregon Construction Contractors Bo
Business name:Energy Solutions, L			may be required to be licensed in the jur being performed, if the applicant is exen
Contact name: Grant Lindsley	<u> </u>		following reasons apply:
Address:PO Box 887			
City/State/ZIP:Beavercreek QR 970	104		
Phone:(503) 680-3718	Fax:		
E-mail:grant@esolutions-or.com			
	ONTRACTOR		BUILDING PERMIT
Business name: Energy Solutions LL		<u> </u>	Please refer to fee se
Address:PO Box 887			Fees due upon application
City/State/ZIP:Beavercreek OR 970	104		Amount received
Phone: (503) 680-3718	/ Fax:		Date received:
	/		
CCB lic.:202002			This permit application expires if a within 180 days after it has been a
Authorized X			MICHIE TON MAN WITHLIT UND DHAILY
signature:	$\Delta \Delta = 1$		* Fee methodology set by Tri-Cou

07/03/20

Grant Lindsley

MILY DWELLING he work performed. st dollar) of all equipment, t for the work indicated on \$24,450 square feet square feet square feet square feet square feet L-USE CHECKLIST ne work performed. st dollar) of all equipment, t for the work indicated on square feet square feet equired to be licensed with eard under ORS 701 and isdiction in which work is npt from Ilcensing, the FEES! chedule

permit is not obtained accepted as complete

nty Building

Form B70-1001



APRROVED



Building Permit Application
City of Beaverton Community Development
PO Box 4755, Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550

DECEYLE	
OFFICE	USE ONLY
Date Receive 05/31/2019	Permit No.: B2019-2325
Date Issued: 7-8-19	Ву: 111
CITY OF BEAVERTON	Payment Type: VISCO

OREGON Internet address	: www.beavertonoregon.gov	CITY	DE BEAVERTON	Payment Type:	
TYPE O	F WORK	— BUIL	HING DIVISIONIAT	A: 1. AND 2.FAN	AU Y OWELLING
□ New construction	☐ Demolition		Permit fees" are based o	on the value of the	work performed.
Addition/alteration/replacement	Other:		Indicate the value (rounded to the nearest dollar) of all equipme materials, labor, overhead, and the profit for the work indicated		
	CONSTRUCTION		this application.	<del></del>	
☐ 1- and 2-family dwelling	■ Commercial/industrial		Valuation \$9,987.00		
Accessory building	☐ Multi-family		Number, of bedrooms	·	
☐ Master builder	Other:		Number of bathrooms	<u> </u>	
	TION AND LOCATION		Total number of floors	j;	
	145		New dwelling area:		square feet
City/State/ZIP: BEAVERTON OR 97005	1 1 400		Garage/carport area:		square feet
	Draiget name: Higher Cround I age	mina	Covered porch area:		square feet
Suite/bidg/apt. no.:	Project name: Higher Ground Lear	mng	Deck area:		square feet
Cross street/directions to job site:			Other structure area:		square feet
	•		REQUIRED DATA	: COMMERCIAL	USE CHECKLIST
			Permit fees* are based of		
Subdivision:	Lot no.;		Indicate the value (round materials, labor, overheathis application.		
Tax map/parcel no.:			Valuation		
DESCRIPTIO	N OF WORK		Existing building area		square feet
FIRE ALARM SYSTEM			New building area:	·····	square feet
			Number of stories:		
			Type of construction:		II-B
☐ PROPERTY OWNER	☐ TENANT		Occupancy groups:		Em.
Name:			Existing:		
Address:			New:		
City/State/ZIP:				NOTICE	reneralismo de la compania de la co La compania de la co
Phone:	Fax:		All contractors and subco		
□ APPLICANT	☐ CONTACT PERSON		the Oregon Construction Contractors Board under ORS 701 an may be required to be licensed in the jurisdiction in which work		diction in which work is
Business name:			being performed. If the a following reasons apply:	pplicant is exempt	t from licensing, the
Contact name:					
Address:					
City/State/ZIP:					
Phone:	Fax:				
E-maíl:	<u> </u>		BUIL	DING PERMIT F	EES*
CONTRAC	TOR			e refer to fee sche	The state of the s
Business name: ACTION TECHNOLOGY SYST	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4, 400, 51, 44, 25,55 (24)	Fees due upon application		
Address: 835 SE 17TH AVENUE			Amount received		
City/State/ZIP: PORTLAND OR 97214			Date received:		
Phone: (503) 231-1992	Fax: (503) 231-1402		Date received.		
	*				

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:

CCB Ilc.: 157630

Date: 5-29-19

Beaverton,

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD

OFFICE USE ONLY		
Date Received:	Permit No (2019 - 2919	
Date Issued:	199	
	Payment Type:	

	BeavertonOregon.gov
TYPE O	F WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	☐ Other:
CATEGORY OF	CONSTRUCTION
☐ 1- and 2-family dwelling	☐ Commercial/Industrial
☐ Accessory building	Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORMAT	ION AND LOCATION
Job site address: 045 Sun	Museau Dur.
City/State/ZIP! WOLD LOVE 1-101	1.02 97008
Suite/bidg./apt. no.! 20100 . I	Project name: NUP Que hill
Cross street/directions to job site:	Pach ADES.
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION	T OE WORK
Time Off + Re-R	100 HORR
LOW OFF TRE-R	99
FROPERTY OWNER	☐ TENANT
Name: Affinity thoose	24 Mant.
Address: 1803 Suo 16th	alientie
City/State/ZIP: PORTUNG, OR	97201
Phone: 503. 892. 0099	Fax:
E-mail:	
APPLICANT	CONTACT PERSON
Business name: QQ SON NOO	ingloing.
Contact name: TOVYO SCRIVI	Q.C.
Address 10 box 1095	Sto Sw Made St.
City/State/ZIP: 4+1/56020, C	229763
Phone: 508 - 846 · 1575	Fax: 503-640-2122
E-mail: tarya@carlso	nroof.com
CONTRAC	TOR
Business name: 2001560° WCC	ting Co.Inc.
Address: 1000 1095 5	50 Suo Made St. F
City/State/ZIP: HUISDODO, C	297183
Phone: 50% .840 . 1575	Fax: 506, 640, 2120 DA
CCB IIc.: 159 W8CQ	
Authorized Dulle Signature Dulle	CLINCE
Print name: TANYA SOULVI	ER. Dale: Q 3719
	g l

Payment 1	Гуре:	
DECIMIED DATA: 4 AND		
REQUIRED DATA: 1- AND : Permit fees* are based on the value		
Indicate the value (rounded to the ne materials, labor, overhead, and the p this application.	earest dollar) of all equipment	
Valuation		
Number, of bedrooms:		
Number of bathrooms:	75.4	
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERC		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation 21875.		
Existing building area: 1080	square feet	
New building area:	square feet	
Number of stories:		
Type of construction:		
Occupancy groups:		
Existing:		
New:		
NOTICE		
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:		
BUILDING PERM	IT FEES*	
Please refer to fee	schedule	
Fees due upon application		
Amount received		
	1	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD

OFFICE USE ONLY		
Date Received:	Permit Nop 2019 - 2918	
Date Issued: 1900	BV:	
	Payment Type:	

	веаveпол∪regon.gov ∟
	PE OF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	Other:
CATEGOR	Y OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	Multi-family
☐ Master builder	Other:
JOB SITE INFO	DRMATION AND LOCATION
Job site address: 10415 SU	OMURDALIBION.
City/State/ZIP: 1200 VQ Q+7	N.02 97000
Suite/bldg./apt. no.	Project name: WILD DOLLS ALL
Cross street/directions to job site:	DOOK ACES
	+ wa pw.
1 = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCR	IPTION OF WORK
Address: 202 SUD (0)	De 97201
Phone: 503, 590.00	P Fax:
E-mail:	
APPLICANT /	CONTACT PERSON
Business name: USO SOV	rating Co.Inc.
Contact name: TOVUO SC	nvær
Address: POROX 1895	550 Suo Moni S
City/State/ZIP: 41115400C	0,0097183
Phone: 503.840.1575	Fax: 503.100.2126
E-mail: taxua( Carl	Som F. Com
) con	ITRACTOR
Business name: (00   ST)	trofing Co. Inc.
Address: POV 1105	E SIMON ST
City/State/ZIP: +-1154	100 97192
Phone: 502, 9410, 153	5 Fax: 503, 000, 2122
CCB IIc.: 150 (0% (0)	<u> </u>
Authorized Constitution of the Constitution of	00,110,00
rint name: A TA	VADED Date: [0] 27 10
14/24	VIDEO Date: 0 27 19

REQUIRED DATA: 1- AND	2-FAMILY DWELLING
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area;	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area;	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value indicate the value (rounded to the rimaterials, labor, overhead, and the this application.	nearest dollar) of all equipment
Valuation ALSTE	.CO
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	444-
Occupancy groups:	,
Existing:	
New:	77
NOTIC	<b>;E</b>
All contractors and subcontractors a the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	rs Board under ORS 701 and le lurisdiction in which work is
BUILDING PER  Please refer to for  Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Relssue Lot 3

# ELECTRONIC SUBMITTAL SEE 1:/BLDG DIV WG-8...

evelopment Department Building Division Ikan Way / PO Box 4755 Beaverton, OR 97076 493 Fax: (503) 526-2550

OFFICE USE ONLY				
Date Receive 05/2	8/2019	Permit No.: B2019-2257		
Date issued:	alona			
CITY OF BI	AVERTON	Payment Type:		

Beaverton, OR 97076 (93 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

( O R E G O N CONC	BeavertonOregon.gov	CITY
TYPE	DF WORK	BUII
New construction	☐ Demolition	125000000000000000000000000000000000000
☐ Addition/alteration/replacement	Other;	
	CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial	UNIVERSITY OF THE STATE OF THE
	☐ Multi-family	
Accessory building	☐ Other:	
Master builder	TION AND LOCATION	
displication and all the constitution of the c	HOR AND LOOK HOR	
City/State/ZIP: Beaverton, OR 97076	Project name: Kemmer Summit	··
Sulte/bidg,/apt. no.;		
Cross street/directions to job site: SW Ridge D	Orive Control of the	
Subdivision: Kemmer Summit	Lot no.: 8	•
Tax map/parcel no.;	······································	
DESCRIPTIO	N OF WORK	de chesa
New Construction Single Family Res	Idantial	
☐ PROPERTY OWNER	☐ TENANT	
Name: Chad E Davis Construction		NAMES OF THE PARTY
Address: 2420 Pacific Ave		
City/State/ZIP: Forest Grove OR 97116		
Phone: 503.357.8587	Fax: 503-992-2301	
E-mail: mattweatherdon@gmail.com	1 44 000 002 2001	
□ APPLICANT	☑ CONTACT PERSON	
Business name: Chad E Davis Constructi	GGEETMANN_GOVERNMENT AND ADMINISTRATION OF A TANK AND A TANK AN	
······································	IUII	
Contact name: Matt Weatherdon  Address: 2420 Pacific Ave		
City/State/ZIP: Forest Grove OR 97116		
	FE02 000 0204	
Phone: 503.357.8587	Fax: 503-992-2301	
E-mail: mattweatherdon@gmail.com		
CONTRA		
Business name: Chad E, Davis Construct	tion	
Address: 2420 Pacific Ave		
City/State/ZIP: Forest Grove OR 97116	La 500 000 000	·
Phone: 503,357,8587	Fax: 503-992-2301	
CCB IIo.: # 154184		
Authorized signature: had av	is	
Print name: Chad E Davis	Date:	

ING CHEADIADATA: 1- AND	2-FAMILY DWELLING	Acceleration
Permit fees* are based on the valu indicate the value (rounded to the i materials, labor, overhead, and the this application.	e of the work performed nearest dollar) of all equ	d. Jipment,
Valuation \$2	292,561.54	
Number, of bedrooms:		4
Number of bathrooms:		3
Total number of floors:		2
New dwelling area:	square feet	2199
Garage/carport area:	square feet	400
Covered porch area:	square feet	80
Deck area:	square feet	100
Other structure area:	square feet	·
REQUIRED DATA: COMME	RCIAL-USE CHECKLI	9T
Permit fees* are based on the value Indicate the value (rounded to the r materials, labor, overhead, and the this application.	rearest dollar) of all equ	ipment,
Valuation		
Existing building area:	square feet	
New building area:	square feet	
Number of stories:		
Type of construction:		
Occupancy groups:		
Existing:		
New:		
NOTIC	JE .	
All contractors and subcontractors the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	rs Board under ORS 70 ne jurisdiction in which v	)1 and work is
	***************************************	
		·

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

BUILDING PERMIT FEES\*

Please refer to fee schedule 628.98

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Fees due upon application

Amount received

Date received:

ELECTRONIC SUBMITT Revelopment Department EE I:/BLDG DIV74W@M9/kan Vay / PO Box 4755 everton, OR 97076

Print name:

Teri Cruickshank

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gogg

#### OFFICE USE ONLY Date Receive 05/24/2019 Permit No.: B2019-2240 Date Issued: 7 CITY OF BEAVERTON

TYI	PE OF WORK
☑ New construction	☐ Demolition
Addition/alteration/replacement	☐ Other:
CATEGORY	OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☑ Other: Educational
JOB SITE INFO	RMATION AND LOCATION
Job site address: 1600 NW 173rd Ave	nue
City/State/ZIP: Beaverton, OR 97701	·
Suite/bldg./apt. no.:	Project name: 5 Oaks MS Ph4
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCR	IPTION OF WORK
☐ PROPERTY OWNER	☐ TENANT
PROPERTY OWNER  Name:	☐ TENANT
	☐ TENANT
Name:	☐ TENANT
Name: Address:	Fax:
Name: Address: City/State/ZIP:	
Name: Address: City/State/ZIP: Phone:	
Name: Address: City/State/ZIP: Phone: E-mail:	Fax:  CONTACT PERSON
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT	Fax:  CONTACT PERSON
Name: Address: City/State/ZIP: Phone: E-mail:	Fax:  CONTACT PERSON
Name: Address: City/State/ZIP: Phone: E-mail:	Fax:  CONTACT PERSON
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Phoenix Fire Protection Contact name: Teri Cruickshank Address: 4130 Airport Rd. City/State/ZIP: Nampa, ID 83687	Fax:
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Phoenix Fire Protection Contact name: Teri Cruickshank Address: 4130 Airport Rd. City/State/ZIP: Nampa, ID 83687	Fax:  CONTACT PERSON  On
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Phoenix Fire Protection Contact name: Teri Cruickshank Address: 4130 Airport Rd. City/State/ZIP: Nampa, ID 83687 Phone: (208) 468-9115 E-mail: teri@phoenixfp.com	Fax:  CONTACT PERSON  On
Name: Address: City/State/ZIP: Phone: E-mail:   APPLICANT  Business name: Phoenix Fire Protection Contact name: Teri Cruickshank Address: 4130 Airport Rd. City/State/ZIP: Nampa, ID 83687 Phone: (208) 468-9115 E-mail: teri@phoenixfp.com	Fax:  ☐ CONTACT PERSON  On  Fax: (208) 461-9117
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Phoenix Fire Protection Contact name: Teri Cruickshank Address: 4130 Airport Rd. City/State/ZIP: Nampa, ID 83687 Phone: (208) 468-9115 E-mail: teri@phoenixfp.com  Con Business name: Phoenix Fire Protection	Fax:  ☐ CONTACT PERSON  On  Fax: (208) 461-9117
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Phoenix Fire Protection Contact name: Teri Cruickshank Address: 4130 Airport Rd. City/State/ZIP: Nampa, ID 83687 Phone: (208) 468-9115 E-mail: teri@phoenixfp.com	Fax:  ☐ CONTACT PERSON  On  Fax: (208) 461-9117
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Phoenix Fire Protection Contact name: Teri Cruickshank  Address: 4130 Airport Rd. City/State/ZIP: Nampa, ID 83687  Phone: (208) 468-9115  E-mail: teri@phoenixfp.com  Contact name: Phoenix Fire Protection Contact name: Phoenix Fire Protection Contact name: Phoenix Fire Protection Address: 4130 Airport Rd.	Fax:  ☐ CONTACT PERSON  On  Fax: (208) 461-9117
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Phoenix Fire Protection Contact name: Teri Cruickshank Address: 4130 Airport Rd. City/State/ZIP: Nampa, ID 83687 Phone: (208) 468-9115 E-mail: teri@phoenixfp.com  Con Business name: Phoenix Fire Protection Address: 4130 Airport Rd. City/State/ZIP: Nampa, ID 83687	Fax:  CONTACT PERSON  On  Fax: (208) 461-9117  NTRACTOR  On

Date:

05/13/19

BUIL DING DIVISION
REQUIRED DATA: 1- AND 2-FAMILY DWELLING Permit fees\* are based on the value of the work performed. ndicate the value (rounded to the nearest dollar) of all equipment, naterials, labor, overhead, and the profit for the work indicated on his application. /aluation Number, of bedrooms: Number of bathrooms: Total number of floors: square feet New dwelling area: Garage/carport area: square feet Covered porch area: square feet square feet Deck area: Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees\* are based on the value of the work performed. ndicate the value (rounded to the nearest dollar) of all equipment, naterials, labor, overhead, and the profit for the work indicated on his application \$54,060 /aluation Existing building area: square feet square feet 134278 New building area: 2 Number of stories: II B Type of construction: Occupancy groups: Ε Existing: New: NOTICE all contractors and subcontractors are required to be licensed with he Oregon Construction Contractors Board under ORS 701 and nay be required to be licensed in the jurisdiction in which work is eing performed. If the applicant is exempt from licensing, the ollowing reasons apply: PLEASE CALL FOR PERMIT PAYMENT

## 208-468-9115 TERI CRUICKSHANK

BUILDING PERI	WIT FEES*	
Please refer to fe	e schedule	
Fees due upon application	\$1,324.67	
Amount received		
Date received:	***************************************	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Beaverton

Community Development Department Bullding Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov Date Receive MAR 8 2019 Permit P30017 0927

Date Issued: By: COUNTY

CITY OF BEAVERTON Payment Type:

( 0 % ( 3 0 11 0 0000)	BeavertonOregon.gov	111	OF BEAVERTON   Payment Type:		
TYPE OF WORK			REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
✓ New construction	☐ Demolition		Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,		
Addition/alteration/replacement			materials, labor, overhead, and the profit for the work indicated of this application.		
CATEGORY OF	CONSTRUCTION		Valuation 284.64.91		
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms: 3		
☐ Accessory building	☐ Multi-family	7	Number of bathrooms: 2.5		
☐ Master builder	Other:	1	Total number of floors: 2		
JOB SITE INFORMAT	ION AND LOCATION		New dwelling area: 2719 square feet		
Job site address: 9753 5い 171	T Ave		Garage/carport area: 399 square feet		
City/State/ZIP: Beaverton, OR					
Suite/bldg./apt. no.:	Project name: Kemmer Summit		Covered porch area: 26 square feet		
Cross street/directions to job site:			Deck area: OO square feet		
			Other structure area: square feet		
Code distriction	Lot no.: 19	-	REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Subdivision:	Lot no.:	+	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipmen		
Tax map/parcel no.:  DESCRIPTION	OF IMORK		materials, labor, overhead, and the profit for the work indicated o this application.		
		-	Valuation		
3720BR-NSFR-Drop Gar	age -		Existing building area: square feet		
			New building area: square feet		
			Number of stories:		
☑ PROPERTY OWNER	☐ TENANT		Type of construction:		
Name: DR Horton, Inc			Occupancy groups:		
Address: 4380 SW Macadam Ave Suite	200		Existing:		
City/State/ZIP: Portland, OR 97239		╛	New:		
Phone: (503) 222-4151	Fax:		NOTICE		
E-mail: plancheck@drhorton.com			All contractors and subcontractors are required to be licensed with		
	☐ CONTACT PERSON	]	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is		
Business name: DR Horton, Inc			being performed. If the applicant is exempt from licensing, the		
Contact name: Amanda Loveridge		╛	following reasons apply:		
Address: SAME AS ABOVE					
City/State/ZIP:		]			
Phone:	Fax:				
E-mail: plancheck@drhorton.com		╛	<u></u>		
CONTRACTOR		]	BUILDING PERMIT FEES*		
Business name: DR Horton, Inc		╛	Please refer to fee schedule		
Address: SAME AS ABOVE			Fees due upon application 1, 233.43		
City/State/ZIP:			Amount received		
Phone:	Fax:		Date received:		
CCB IIc.: 130859		]	This permit application expires if a permit is not obtained		
Authorized signature:		<b>-</b> -1	within 180 days after it has been accepted as complete		

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

CCB lic.: 130859

Amanda Loveridge

Authorized signature;

Print name:

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

RECEIVED

2016	currection exclin	eurolitas dillocation		Service Services	June Same		
25.20	100		والمتر والمستحدي	1940 60	Sandy publication	A 420 2	
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			山風越北之				
1000	Sect 2	200 200 200	and the second			1201111111111111111	
100	4.0						

Date Received: AUG 17 2018 Permit No Date Issued: Ву:

•	BeavertonÓregon.gov L		TOF BEAVER TO Payment 1	/pe:
			ILDING DIVISION	
TYPE OF			REQUIRED DATA: 1- AND 2  Permit fees* are based on the value of	
☑ New construction	Demolition		Indicate the value (rounded to the nea	arest dollar) of all equipment,
☐ Addition/afteration/replacement ☐ Other:			materials, labor, overhead, and the puthis application.	
CATEGORY OF C	CONSTRUCTION		Valuation 4427	146.02
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms:	4
☐ Accessory bullding	☐ Multi-family		Number of bathrooms:	3.5
☐ Master builder	Other:		Total number of floors:	
JOB SITE INFORMATI	ON AND LOCATION		New dwelling area: 3527	square feet
Job site address: 15724 Thrush	Lane		Garage/carport area:	square feet
City/State/ZIP: Beaverton, OR				
Suite/bldg./apt. no.:	Project name: Russell		Covered porch area: 52	square feet
Cross street/directions to job site:	-		Deck area: ぱう	square feet
			Other structure area:	square feet
			REQUIRED DATA: COMMERC	IAL-USE CHECKLIST
Subdivision: Westmont	Lot no.: 79		Permit fees* are based on the value of Indicate the value (rounded to the near	f the work performed. rest dollar) of all equipment,
Tax map/parcel no.:			materials, labor, overhead, and the pr this application.	
DESCRIPTION	OF WORK		Valuation	<del>, , , , , , , , , , , , , , , , , , , </del>
			Existing building area:	square feet
			New building area:	square feel
			Number of stories:	0444101000
☑ PROPERTY OWNER	☐ TENANT			
Name: DR Horton, Inc		90p. (20.4)	Type of construction:	minus and some many
Address: 4380 SW Macadam Ave Suite 2	200		Occupancy groups:	- water the state of the state
City/State/ZIP: Portland, OR 97239			Existing:	
Phone: (503) 222-4151	Fax:		New:	
	I GA.		NOTICE	
E-mall: plancheck@drhorton.com	CONTACT BEREON		All contractors and subcontractors are	
☐ APPLICANT	☐ CONTACT PERSON		the Oregon Construction Contractors I may be required to be licensed in the	urisdiction in which work is
Business name: DR Horton, Inc		<del> </del>	being performed. If the applicant is ex- following reasons apply:	empt from licensing, the
Contact name: Amanda Loveridge				
Address: SAME AS ABOVE				
City/State/ZIP:				
Phone:	Fax:			
E-mail: plancheck@drhorton.com				
CONTRAC	ror		BUILDING PERMI	14550 4550 450 450 450 450 450 450 450 45
Business name: DR Horton, Inc			Please refer to fee	
Address: SAME AS ABOVE			Fees due upon application	1,717.86
City/State/ZIP:			Amount received	
hone: Fax:			Date received:	-

Date: / 6

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

#### **RECEIVED**

### **Building Permit Application**

JAN 04 2019

Y OF BEAVERTON

Amanda Loveridge

Community Development Department **Building Division** 

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 **DVG 10** (FIO) Mhone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 Beaverton Oregon, gov

COB	Hovision/Tracking	Number
REV	19-010	nggan (s.) sagan pikumungun mengan (s.) sagan

OFFICE	USE ONLY
Date Received: 1. 4. 2019	Permit No.: \$2018 - 3842
Dale Issued: フーラー(イ	By: C
,	Payment Type:

TYPE (	DE WORK	REQUIRED DATA: 1- AND 2-FA	MILY DWELLING	
New construction	☐ Demolition	Permit fees* are based on the value of th	e work performed.	
☐ Addition/alteration/replacement	Other:	Indicate the value (rounded to the nearest dollar) of all materials, labor, overhead, and the profit for the work in		
CATEGORY OF	CONSTRUCTION	this application.  Valuation 321840		
	☐ Commercial/Industrial	· · · · · · · · · · · · · · · · · · ·		
☐ Accessory building	☐ Multi-family	Number, of bedrooms: 4		
☐ Master builder	☐ Other:	Number of bathrooms: 2.5		
	TION AND LOCATION	Total number of floors: 4		
Job site address: 15723 SW Wren Ln	**************************************	New dwelling area: 2297	square feet	
City/State/ZIP: Beaverton, OR		Garage/carport area: 385	square feet	
Suite/bldg./apt. no.:	Project name: Russell	Covered porch area: 94	square feet	
Cross street/directions to job site:	T T T T T T T T T T T T T T T T T T T	Deck area:	square feet	
		Other structure area:	square feet	
		REQUIRED DATA: COMMERCIAL	-USE CHECKLIST	
Subdivision: Westmont	Lot no.: 111	Permit fees* are based on the value of the		
Tax map/parcel no.:		Indicate the value (rounded to the neares materials, labor, overhead, and the profit		
DESCRIPTIO	N OF WORK	this application.  Valuation		
NSFR - 3724BL - 2 Car Garage		Existing building area:	square feet	
		New building area:	square feet	
		Number of stories:		
	☐ TENANT			
Name: DR Horton, Inc		Type of construction:		
Address: 4380 SW Macadam Ave Suite	200	Occupancy groups:		
City/State/ZIP: Portland, OR 97239		Existing:		
Phone: (503) 222-4151	Fax:	New:		
E-mail: plancheck@drhorton.com		NOTICE		
☑ APPLICANT	☐ CONTACT PERSON	All contractors and subcontractors are required the Oregon Construction Contractors Boa	uired to be licensed with	
Business name: DR Horton, Inc		may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the		
Contact name: Amanda Loveridge		following reasons apply:	a nom noonsing, mo	
Address: SAME AS ABOVE				
City/State/ZIP:				
Phone:	Fax;			
E-mail: plancheck@drhorton.com				
CONTRA	CTOR	BUILDING PERMIT	EES*	
Business name: DR Horton, Inc		Please refer to fee sch	edule	
Address: SAME AS ABOVE	*	Fees due upon application		
City/State/ZIP:		Amount received		
Phone:	Fax:	Date received:		
CCB lic.: 130859				
Authorized signature:		This permit application expires if a p within 180 days after it has been ac		
Print name: HMUMBETURE	Dale: (0/27/18)	<ul> <li>Fee methodology set by Tri-Count Industry Service Board</li> </ul>	y Bullding	

Form B70-1001

Community Development Department
Bullding Division
12725 SW Millikan Way / PO Box 4755
eaverton, OR 97076
Fax: (503) 526-2550

RECEIVED	
OFFICE	JSE ONLY
Date Received: 05/29/2019	Permit No.: B2019-2283
Date Issued:	By: Cleur
CITY OF BEAVERTON	Payment Type:

SEE I:/BLDG DIV WG	eavertonOregon.gov
TYPE OF	Work
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other;
CATEGORY: OF	CONSTRUCTION
2 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory bullding	☐ Multi-family
☐ Master builder	Other:
JOB SITE INFORMAT	L ION AND LOCATION
Job site address: 9821 SW 172nd Ave	
city/state/ZiP: Beaverton, OR 97076	
Suite/bidg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Di	rive
Subdivision: Kemmer Summit	Lot no.: 4 Re-Issue
Tax map/parcel no.:	
DESCRIPTION	I OF WORK
New Construction Single Family Resid	dential
New Construction Single Farmy Nest	geridat
RE-ISSU	JE OF LOT 1
☐ PROPERTY OWNER	☐ TENANT
Name: Chad E Davis Construction LLC	,
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
	[] CONTACT PERSON
Business name: Chad E Davis Construction	on LLC
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mall: mattweatherdon@gmail.com	
CONTRAC	TOR
Business name: Chad E. Davis Construct	ion LLC
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	A
Phone: 503.357.8587	Fax: 503-992-2301
CCB lia: # 154184	)
Authorized signature:	akis
Print name: Chad E Davis	Date:

DING PUNISIDIATA: 1: AND 2: FAMILY DWELLING Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation \$331,829.09 Number, of bedrooms: Number of bathrooms: Total number of floors: square feet New dwelling area: Garage/carport area: square feet Covered porch area: square feet Deck grea: square feet Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees' are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation Existing building area: square feet square feet New building area: Number of stories: Type of construction: Occupancy groups: Existing: New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES! Please refer to fee schedule \$688.77 Fees due upon application Amount received Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

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elopment Department Building Division Way / PO Box 4755 Beaverton, OR 97076

Beaverton

Print name:

Jeff Huffman

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gcg

OFFICE USE ONLY			
Date Received: 04/08/2019	Permit No.: B2019-1379		
Date Issued: 7-5-19	Ву: //		
CITY OF BEAVEDTON	Payment Type: Mr WK		

T)	PE OF WORK	⊥BU‼	DING DIVISION REQUIRED DATA: 1- AND	2-FAMILY DWELLIN	G
☐ New construction	Demolition		Permit fees, are pased on the valu	is of the work beholing	a,
☑ Addition/alteration/replacement	Other;		Indicate the value (rounded to the nearest dollar) of all equipr materials, labor, overhead, and the profit for the work indicate the profit of the work indicated the profit of the pro		
The state of the s	Y OF CONSTRUCTION		this application.  Valuation	\$857	,944.86
☐ 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms:		5
☐ Accessory building	☐ Multi-family		Number of bathrooms:		2.5
☐ Master builder	Other:				2
JOB SITE INFO	DRMATION AND LOCATION		Total number of floors:	anuara faat	
Job site address: 15575 SW Nora Rd			New dwelling area:	square feet	6750
City/State/ZIP: Beaverton, OR 97007	,		Garage/carport area:	square feet	432
Suite/bldg./apt. no.:	Project name: Huffman Remodel		Covered porch area:	square feet	
Cross street/directions to job site: 155th			Deck area:	square feet	475
. 19901	•		Other structure area:	square feet	
			REQUIRED DATA: COMME		
Subdivision:	Lot no.: R256314		Permit fees* are based on the value Indicate the value (rounded to the	nearest dollar) of all eq	uipment,
Tax map/parcel no.: 1S129CA00300		55.74s serie	materials, labor, overhead, and the profit for the work indicated this application.		cated on
DESCF	RIPTION OF WORK	A.S. S. S.	Valuation		
addition to existing house			Existing building area:	square feet	
			New building area:	square feet	
			Number of stories:		
	☐ TENANT		Type of construction:		
Name: Teresa Cortese			Occupancy groups:		
Address: 15575 SW Nora Rd	11000		Existing:		
City/State/ZIP: Beaverton, Or 97007					
Phone: (503) 590-7735	Fax:		New:	OE.	
E-mail:	•		Auditing the state of the state	ukaust ja lieji valjujų pisturas ir 1990 m. lietikauste	anabilitan;
	☐ CONTACT PERSON		All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the		701 and
Business name:					, work is j, the
Contact name: Jeff Huffman			following reasons apply:	·	····
Address: 6520 SW Wilson ave					
City/State/ZIP: Beaverton, OR 97008	3				
Phone: (503) 810-5876	Fax:				
E-mail: icanbuildit@aol.com					
	NTRACTOR		BUILDING PE	RMIT FEES*	
Business name: TERESA CORTESE			Please refer to	fee schedule	
Address: 15575 SW NORA RD			Fees due upon application	\$4,114.0	)0
City/State/ZIP: Beaverton, OR 97007	7		Amount received		
Phone: (503) 590-7735	Fax:		Date received:		
CCB lic.:	I		T.1.		
Authorized signature:	4000		This permit application expire within 180 days after it has b	is it a permit is not of seen accepted as com	named iplete

Date:

04/05/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

**REV 2/14** 



Print name: 576

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

 OFFICE USE ONLY

 Date Received: 7-5-19
 Permit No.: B 2019 - 2911

 Date Issued: 7-5-19
 By: MC

 Payment Type: √i & △

•	BeavertonÓregon.gov
T	YPE OF WORK
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGOR	Y OF CONSTRUCTION
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFO	ORMATION AND LOCATION
Job site address:1815 NW 169th Plac	ce, Bldg 3
City/State/ZIP:Beaverton, OR 97006	}
Suite/bldg./apt. no.: Bldg 3	Project name: Twin Oaks
Cross street/directions to job site: NW 169 the cul d	Oth & Cornell; bldg is located at the end of le sac
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCI	RIPTION OF WORK
French asphalt, remove and reploreak occured.	ace two elbows in fire sprinkler Inie where
French asphalt, remove and reploreak occured.  ☑ PROPERTY OWNER	ace two elbows in fire sprinkler Inie where
French asphalt, remove and reploreak occured.  Property owner  Name: PNWP LLC #5	☐ TENANT
French asphalt, remove and reploreak occured.  Property owner  Name: PNWP LLC #5  Address: 6600 SW 105th Ave, Suit	☐ TENANT
French asphalt, remove and reploreak occured.  PROPERTY OWNER  Name: PNWP LLC #5  Address: 6600 SW 105th Ave, Suit  City/State/ZIP:Beaverton OR 97008	te 175
French asphalt, remove and reploreak occured.  PROPERTY OWNER  Name: PNWP LLC #5  Address: 6600 SW 105th Ave, Suit  City/State/ZIP:Beaverton OR 97008  Phone: (503) 626-3500	te 175 Fax:(503) 671-0211
French asphalt, remove and reploreak occured.  PROPERTY OWNER  Name: PNWP LLC #5  Address: 6600 SW 105th Ave, Suit  City/State/ZIP:Beaverton OR 97008  Phone: (503) 626-3500  E-mail: Katherine. Coussens@pnw	TENANT  te 175  Fax: (503) 671-0211  prop.com
French asphalt, remove and reploreak occured.  PROPERTY OWNER  Name: PNWP LLC #5  Address: 6600 SW 105th Ave, Suit City/State/ZIP:Beaverton OR 97008  Phone: (503) 626-3500  E-mail: Katherine. Coussens@pnw PAPPLICANT	TENANT  te 175  Fax:(503) 671-0211  prop.com  CONTACT PERSON
French asphalt, remove and reploreak occured.  PROPERTY OWNER  Name: PNWP LLC #5  Address: 6600 SW 105th Ave, Suit City/State/ZIP:Beaverton OR 97008  Phone: (503) 626-3500  E-mail: Katherine. Coussens@pnw Phone: Applicant  Business name: Pacific NW Properties	TENANT  te 175  Fax:(503) 671-0211  prop.com  CONTACT PERSON
French asphalt, remove and reploreak occured.  PROPERTY OWNER  Name: PNWP LLC #5  Address: 6600 SW 105th Ave, Suit City/State/ZIP:Beaverton OR 97008  Phone: (503) 626-3500  E-mail: Katherine. Coussens@pnw Papplicant  Business name: Pacific NW Propertie Contact name: Katherine Coussens	TENANT  te 175  Fax:(503) 671-0211  prop.com  CONTACT PERSON  PS
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French asphalt, remove and reploreak occured.  PROPERTY OWNER  Name: PNWP LLC #5  Address: 6600 SW 105th Ave, Suit City/State/ZIP:Beaverton OR 97008  Phone: (503) 626-3500  E-mail: Katherine. Coussens@pnw PAPPLICANT  Business name: Pacific NW Propertie Contact name: Katherine Coussens Address: 6600 SW 105th Ave, Suit City/State/ZIP:Beaverton, OR 97008  Phone: (503) 626-3500  E-mail: Katherine. Coussens@pnw	TENANT  te 175    Fax: (503) 671-0211   prop.com

Paymo	ent Type: V ( S ~
REQUIRED DATA: 1- A	ND 2-FAMILY DWELLING
Permit fees* are based on the value (rounded to the	The state of the s
Valuation	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COM	MERCIAL-USE CHECKLIST
	alue of the work performed. ne nearest dollar) of all equipment, the profit for the work indicated on
Valuation	\$8,700.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NC	OTICE
the Oregon Construction Contra	ors are required to be licensed with actors Board under ORS 701 and in the jurisdiction in which work is it is exempt from licensing, the
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	PERMIT FEES* to fee schedule \$363.71

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

APPROVED

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755

ELECTRONIC SUBMITTAL averton, OR 97076
ax: (503) 526-2550
ion (503) 526-2222
avertonOregon.gov

DECERVES	
OFFICE	USE ONLY
Date Received 05/10/2019	Permit No.: B2019-1985
Date Issued: 70 - 3-19	By: 11/
CITY OF BEAVERTON	Payment Type: VS&

SEE I./ DEDG DIV	/ V 🥩 = O averton Óregon.	gov CII	Y OF BEAVERT	ON Payment Type: V	<u> </u>
Proposition and Proposition an	YPE OF WORK	BU	ILDING REQURE	DATA: 1- AND 2-FAMILY D	WELLING
☐ New construction	☐ Demolition		Permit fees* are based on the value of the work perform indicate the value (rounded to the nearest dollar) of all		erformed,
☑ Addition/alteration/replacement	☐ Other:		materials, labor, ove	erhead, and the profit for the w	ork indicated on
CATEGOR	Y OF CONSTRUCTION		this application.  Valuation		
1- and 2-family dwelling	☑ Commercial/industrial	e Agentage Comment Comment of Agent Self States	Number, of bedre	ooms:	
☐ Accessory building	☐ Multi-family		Number of bathro		
☐ Master builder	☐ Other:		Total number of t	M	
JOB SITE INFO	ORMATION AND LOCATION	0.000			
Job sile address: 240 NW Lost Spring	gs Terrace #36		New dwelling are		e feet
City/State/ZIP: Portland OR 97229	A CONTRACTOR OF THE CONTRACTOR		Garage/carport a	rea: squar	e feet
Suite/bidg./apt. no.:	Project name: PHARMA	.CA	Covered porch a	ea: square	e feet
Cross street/directions to job site:			Deck area:	square	e feet
			Other structure a	rea: square	ə feet
			REQUIRED D	ATA: COMMERCIAL-USE C	HECKLIST
Subdivision:	Lot no.:			ed on the value of the work pounded to the nearest dollar)	
Tax map/parcel no.:		N. ALEXANDER S. A.		rhead, and the profit for the w	
	RIPTION OF WORK		Valuation		\$24,000
Light demo, adding exhaust fan & co around new clean room location; relo			Existing building	area: square	
needed; new sprinkler heads as nee			New building area		<del>'</del>
separate permit.			Number of stories		1
☐ PROPERTY OWNER	Z TENANT		Type of construct		V-B
Name: Pharmaca Integrative Pha	rmacies - Tara Hastings				V-D
Address: 4940 Pearl East Circle #3	······································		Occupancy group	S:	
City/State/ZIP: Boulder CO 80301			Existing:		M
Phone: 303-867-3147	Fax:		New:	general grant of the section of the	M
E-mail:thastings@pharmaca.com				NOTICE	
☑ APPLICANT	☑ CONTACT PER	SON		ubcontractors are required to stion Contractors Board under	
Business name: Western Construction Services			may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the		
Contact name: Sue Tibbs			following reasons ap		<b>J</b> ,
Address: 2300 E Third Lp Suite 110	}				
City/State/ZIP: Vancouver WA 98661					
Phone: 360-953-8508	Fax: 360-694-7818				
E-mail: stibbs@westernconstructio					
near the second results seemed by the second results of the second results of the second results of the second	NTRACTOR		B	UILDING PERMIT FEES"	
Business name: Western Construction	\$	produced a supplied for the pro-	p	lease refer to fee schedule	
Address: 2300 E Third Lp Suite 110			Fees due upon appli	cation \$55	55.00
City/State/ZIP: Vancouver WA 98661			Amount received	1	
Phone: 360-699-5317	Fax: 360- 694-7818		Date received:		, <u>,</u>
CCB lic.: 63717					
Authorized signature: Sul Tu	los			cation expires if a permit is after it has been accepted a	

Date:

4/30/19

Print name:

Sue Tibbs

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name;

Ben Breit

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD

		OFFI	CE USE ONLY
Date Received:	3	19	Permit No. (2010) 101-288
Date Issued:	之	10	By:
<i>'</i>	,		Payment Type:

, - "	BeavertonOregon.gov
	TYPE OF WORK
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGO	RY OF CONSTRUCTION
1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE IN	FORMATION AND LOCATION
Job alte address: 4650 SW Griffith D	r.
City/State/ZIP: Beaverton, OR 9700	5
Suite/bldg./apt. no.:	Project name: Bella Institute
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	EXCITO.
The second secon	RIPTION OF WORK
PROPERTY OWNER	<b>☑</b> TENANT
Name: Bella Institute	
Address: 4650 SW Griffith Dr.	
City/State/ZIP: Beaverton, OR 9700	
Phone:	Fax:
E-mall:	
☐ APPLICANT	☐ CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd, #10	
City/State/ZIP: Lake Oswego, OR 97	
Phone: (503) 627-0100	Fax:
E-mall: bwilliams@pointmonitor.co	
at and are the transfer of the control of the contr	ONTRACTOR
Business name: Point Monitor Corp.	
City/State/ZIP: Lake Oswego, OR 97	7035
City/State/ZIP: Lake Oswego, OR 97 Phone: (503) 627-0100	
City/State/ZIP: Lake Oswego, OR 97 Phone: (503) 627-0100 CCB lic.: 135901	7035
Address: 5863 Lakeview Blvd. #10 City/State/ZIP: Lake Oswego, OR 97 Phone: (503) 627-0100 CCB lic.: 135901 Authorized signature:	7035

REQUIRED DATA: 1- AND	2-FAMILY DWELLING
Permit fees* are based on the value Indicate the value (rounded to the re materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value indicate the value (rounded to the n materials, labor, overhead, and the this application.	earest dollar) of all equipment.
Valuation	\$1,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTIC	E
All contractors and subcontractors a the Oregon Construction Contractor may be required to be licensed in th being performed. If the applicant is of following reasons apply:	s Board under ORS 701 and e jurisdiction in which work is
•	
BUILDING PER	MIT FEES*
Please refer to fe	ee schedule
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

07/02/19

## ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8... Permit Application

APPROVED



Print name: /

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

RECEIVED	
OFFICE	USE ONLY
Date Received: 06/11/2019	Permit No. B2019-2496
Date Issued: 7-2-19	By: Me
CITY OF DEALIES	Payment Type: 1 1 /4 /

	BeavertonOregon.gov L	Oil O	F BEAVERTON AND INC.	nt type. ULSA
ACAL	OF WORK	BUILD	ING DIVISIONA: 1-AN	ID 2-FAMILY DWELLING
New construction	☐ Demolition			
☐ Addition/alteration/replacement	Ø Other:	Ind	icale the value (rounded to the iterials, labor, overhead, and th	nearest dollar) of all equipment se profit for the work indicated or
AND CONTRACTOR OF CONTRACTOR CONT	CONSTRUCTION	this	s application.	0 00 F
☐ 1- and 2-family dwelling	(D) Commercial/industrial		luation 2 5 (C)	$0.00^{\circ}$
☐ Accessory building			Number, of bedrooms: 35 (	20 - Wallein
☐ Master builder	Multi-family		Number of ballirooms:	00
	Other:		Total number of floors:	
The state of the s	ATION AND LOCATION		New dwelling area;	square foot
	1911brook	\	Garage/carport area:	square feet
Suite/bidg/apt. no.:	OC COST PAR	$\overline{}$	Covered porch area:	square feet
Cross street/directions to job site:	Project name: Cast 15 V		Dock area:	square feet
Allen BIVE /F	all brook L8	u   c	:sers oruturus red	square feet
			REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Subdivision:	Lot no.:		nit fees" are based on the value rate the value (rounded to the r	e of the work performed. rearest dollar) of all equipment,
Tax map/parcel no.:		mate		profit for the work indicated on
	ON OF WORK	Vacations:	ation	<u></u>
- Build 11×10' Fix cover window.	rated Wall to	E	xisling building area:	square feet
		N	ew building area:	square feet
- install a 8x8	Walk in Cooler	N	umber of stories:	
☐ PROPERTY OWNER	<b>™</b> TENANT	Ty	pe of construction;	
Name: Michael			ccupancy groups:	
	allbrook		Existing:	
cay/state/ZIP: 3 Cave (+c	.1		New:	
Phone: 503-866-689	₹ Fax:		NOTIC	
E-mail:		All co	infractors and subcontractors a	ta required to be licensed with
APPLICANT	CONTACT PERSON	i i the O	regon Construction Contractors be required to be licensed in the	boo tot 29O johns brook i
Business name:	-onstruction	being	performed. If the applicant is o	xempt from licensing, the
Contact name: OVING	reyu			
17 71 7	86.			
7 7 7 7 7 7 7 7	02 97123			
Phone: 503-530-642/	Fax:			
E-mail: planu construction	pymuil.com			
CONTRAC	O C C		BUILDING PERM	
Business name: Tando	- UN MCtion	-	Please refer to fe	
Address: 2331 23rJ	Ave #210		due upon application	\$208.69
City/State/ZIP: Forest Gro		Amou	nt received	
Phone: 50%-530-6427	Fax:	Dater	eceived:	
OCB lic.: 204936		ты	s permit application expires i	t a permit is not obtained
ulthorized		Wi	thin 180 days after it has bee	n accepted as complete

Date:

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

# **Building Permit Application** ELECTRONIC SUBMICTION Development Department SEE I:/BLDG DIV WG78-9W Millikan Way / PO Box 4755 Beaverton Phone: (503) 526-2493 Fax: (503) 526-2550 Date Receive

Print name:

Michele A Engel

OTC - Maybe

Date Received: 07/0

OFFICE (	JSE ONLY
2/2019	Permit No.: B2019-2862
2-101	By: (LQLL)
	Payment Type:

O R E G O N	General Information (503) 526-2222  BeavertonOregon.gcg
	TYPE OF WORK
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CAT	regory of construction
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SIT	E INFORMATION AND LOCATION
Job site address: 910 NW 176th	Avenue
City/State/ZIP: Beaverton, OR 9	97006-4051
Suite/bldg./apt. no.: N/A	Project name: Deck Revision
Ave	ading south from Hwy 26, turn left off NW 185th enue on NW Walker Road, then left on NW 3th Avenue and right on NW 176th Avenue.
Subdivision: Autumn Ridge No	. 3 Lot no.: Lot Pts 178-179
Tax map/parcel no.: Tax Lot ID #	1N131CA04400 / Parcel # RO623294
	DESCRIPTION OF WORK
PROPERTY OWNER	
Name: Michele & Jeffrey Eng	jel
Address: 910 NW 176th Aven	ue
City/State/ZIP: Beaverton, OR S	97006-4051
Phone:(503) 709-8178	Fax:(503) 614-2829
E-mail:medesign@comcast.r	net
☑ APPLICANT	☐ CONTACT PERSON
Business name: Homeowner	
Contact name: Michele A Enge	4
Address: 910 NW 176th Aven	ue
City/State/ZIP: Beaverton, OR S	97006-4051
Phone: (503) 709-8178	Fax:(503) 614-2829
E-mail:medesign@comcast.r	net
	CONTRACTOR
Business name: Murison Enterp	rises
Address: 24900 NW Meacham	
City/State/ZIP: North Plains, OR	97133
Phone: (503) 318-4528	Fax:
CCB lic.:37834	-
Authorized signature:	,

Date:

06/20/19

REQUIRED DATA: 1- AND 2-FAN	MILY DWELLING
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit f this application.	dollar) of all equipment,
Valuation	\$24,740
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area;	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL	USE CHECKLIST
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are req the Oregon Construction Contractors Boar may be required to be licensed in the juris- being performed. If the applicant is exemp following reasons apply:	d under ORS 701 and diction in which work is
BUILDING PERMIT F	EES*
Please refer to fee sch	edule
Fees due upon application	\$349.54
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
Date Received: 7-2_(C)	Permit No. 1520 14-2800
Date Issued: 7-2-101	By: COU
	Payment Type:

	Beaverto	onOregon.gov				, ayıııc	, it 1 y po	W	18-15-	>
ТҮРЕ	OF WORK					PLAN	REVIEV	N		
□ New construction          □ Addition/alteration/replacement         □ Other:				Service or feeder 400 or more		☐ Buil ☐ Mar	ding over inas and b	,	•	
CATEGORY OF CONSTRUCTION  In and 2-family dwelling Commercial/industrial Accessory building Multi-family Master builder Other:				Emergency system Addition of new motor load of 100HP or more	<b>ə</b> [	☐ Con build ☐ Insta	dings allation of 1	ise agricultur 50 KVA or larg		
JOB SITE INFORM	ATION AND LOCA	TION			Six or more residential u Health-care facilities	- 1			ved system -3" occupancy	,
Job no.: 07119 Job address: 71	20 SW Palmer	· Way		1 =	Hazardous locations				vehicle parks	
city/State/ZIP: Beaverton, Or, 97007				<u> </u>		EE SC	HEDUL		T	
Suite/bldg./apt. no.:	1	Garage wiring a	dds		Description sidential single- or mu ludes attached garage		Qty. ily dwel	Fee ling unit	Total	
Cross street/directions to job site:				<u> </u>	00 sq. ft. or less		T	194.64		4
Subdivision:	Lot no.:				add'l 500 sq. ft. or port			34.77		
Tax map/parcel no.:	Lot No	1-1 <sup>10</sup>			Limited energy, residen (with above sq. ft.) Limited energy, multi-fan		<u> </u>	46.42	<u> </u>	2
DESCRIPTI	ON OF WORK			<u> </u>	residential (with above s	q. ft.)	<u> </u>	91.72	<u> </u>	2
Upgrading and rewiring workshop	electrical circuit	<u> </u>		_	rvices or feeders insta	llation,	alterati			_
opgicaning and rouning workeriop	Jiooti iodi on odi	•		-	amps or less			115.83 137.89		2
■ PROPERTY OWNER	1	☐ TENANT			amps to 400 amps amps to 600 amps		<del>                                     </del>	229.34		2
Name: Bertram C. Hill III		LI IEMANI		-	amps to 1,000 amps		1	299.93		2
					er 1,000 amps or volts			690.22		2
Address: 7120 SW Palmer Way					ity reconnect			91.72		1
City/State/ZIP: Beaverton, Or, 97007					nporary services or fe ocation	eders i	nstallat	ion, altera	ation, and/o	r
Phone: 5037801246	Fax:			-	amps or less			91.72		2
	1 67.			201	amps to 400 amps			127.41		2
E-mail: bert_home@comcast.net				401	amps to 600 amps			184.11		2
Owner installation: This installation is being mad	e on property that I o	wn, which is not intend	led for	601	amps to 1,000 amps			225.29		2
sale, lease, rent, or exchange.  Owner signature:		Date:	9	A. F	inch circults – new, al ee for branch circuits v above service or feeder	vith	i, or ext	4.26	er panel	2
APPLICANT		CONTACT PERSON		***************************************	each branch circuit  Fee for branch circuits		1	····		+
Business name:				f	without service or feeds irst branch circuit	er fee,		81.14		2
Contact name: Bertram C. Hill III				-	ch add't branch circuit cellaneous (service o	r foode	1 1	4.26	<u> </u>	
Address: 7120 SW Palmer Way			İ	<u></u>	h manufactured or mod		THE STATE OF	91.72		T ,
city/state/ZIP: Beaverton, Or, 97007				_	olling, service, and/or fe	eder				2
Phone: 5037801246	Fax:				np or irrigation circle n or outline lighting			91.72 91.72		2
E-mail: bert home@comcast.net	ı Fax.			Sigr	nal circuit(s) or limited-e	nergy		81.72		+-
CONTRA	ACTOR				panel, alteration, or extension. Describe:			91.72		2
Business name:		4-110-4111			h additional inspectio					T
Address:				ove abo	r allowable in any of t ve	he				
City/State/ZIP:				Per	inspection			81.14	***************************************	
Phone:	Fax:			⊢—	estigation fee					
E-mail:	CCB lic. no.:	***************************************		Othe	er: ctrical permit fees			· · · · · · · · · · · · · · · · · · ·		-
						SUBT	OTAL		\$ 55 YU	6.00
Electrical lic. no.:	City or metro lic.:				Plan review	v (25%	of peri	nit fee)	\$ (A)	
Supervising electrician signature, required:				State surcharge (12% of permit fee)			0.00			
Print name;		Date:						IT FEE	dq5.15\$	
			l	This	s permit application e					
Authorized signature:					180 days after it h					,

\* Number of Inspections allowed per permit.
Form B70-1002 REV 10/17

# Relssue

ELECTRONIC SUBMITTAL evelopment Department Building Division ikan Way / PO Box 4755 Beaverton, OR 97076

Beaverton

Phone: (503) 526-2493 Fax: (503) 526-2550

Division ikan Way / PO Box 4755

Beaverton, OR 97076

Division ikan Way / PO Box 4755

Division ikan Way / PO Box 4755

Beaverton

Phone: (503) 526-2493 Fax: (503) 526-2550

Division ikan Way / PO Box 4755

Beaverton

OFFICE I	USE ONLY
Date Received:05/28/2019	Permit No.: B2019-2256
Date Issued: 7 - 4	By: UEU

OREGON	General Information (503) 526-2222	CITY OF REALIZED Payment Type:
	BeavertonOregon.gov	1
	TYPE OF WORK	BUILDING ALUNSEODATA: 1- AND 2-FAMILY DWELLING
☑ New construction	☐ Demolition	Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment,
☐ Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indicated on this application.
CAT	EGORY OF CONSTRUCTION	Valuation \$292,561.54
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master bullder	Other:	Total number of floors:
JOB SITE	EINFORMATION AND LOCATION	
Job site address: 9843 SW 1721	nd Ave	New dwelling area: square feet 219
City/State/ZIP: Beaverton, OR 9	7076	Garage/carport area: square feet 400
Suite/bldg./apt. no.:	Project name: Kemmer Summi	it Covered porch area; square feet 80
Cross street/directions to job site: SW	/ Ridge Drive	Deck area: square feet 100
<b>~~~</b>	Trade Elive	Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision: Kemmer Summit	Lot no.: 6	Permit fees* are based on the value of the work performed. indicate the value (rounded to the nearest dollar) of all equipment,
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated on this application.
р	DESCRIPTION OF WORK	Valuation
New Construction Single Far	mily Residential	Existing building area; square feet
	,	New building area: square feet
	/	Number of stories;
☐ PROPERTY OWNER ☐ TENANT		Type of construction:
Name: Chad E Davis Constru	ction	Occupancy groups:
Address: 2420 Pacific Ave		Existing:
City/State/ZIP: Forest Grove OR	97116	New:
Phone: 503.357.8587	Fax: 503-992-2301	
E-mail: mattweatherdon@gma	ail.com	NOTICE
☑ APPLICANT	☐ CONTACT PERSON	
Business name: Chad E Davis C	onstruction	may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the
Contact name: Matt Weatherdon		following reasons apply:
Address: 2420 Pacific Ave		
City/State/ZIP: Forest Grove OR	97116	**************************************
Phone: 503.357.8587	Fax: 503-992-2301	<del></del>
E-mail: mattweatherdon@gma	<del></del>	
	CONTRACTOR	BUILDING PERMIT FEES*
Business name: Chad E. Davis Construction		Please refer to fee schedule
Address: 2420 Pacific Ave		Fees due upon application \$1,257.98
Clly/State/ZIP: Forest Grove OR	97116	Amount received 228.98
Phone: 503.357,8587	Fax: 503-992-2301	Date received:
CCB lic.: # 1541,84		
Authorized signature:	Davis	This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
Print name Chad E Davis	Date:	* Fee methodology set by Tri-County Building

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Walt over stone

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

OFFIC	CE USE ONLY	
Date Received: \	Permit No.: <b>R2019-284</b>	ŀ
Date Issued: 7-	By: JEU	
	Payment Type:	Ì

VOREGON Gener	BeavertonOregon.gov	Payment Type:
		TOURS DATA A AND C PART Y OWES INC
TYPE O	F WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING  Permit fees* are based on the value of the work performed.
☐ New construction	☐ Demolition	Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
Addition/alteration/replacement		this application.
CATEGORY OF CONSTRUCTION		· Valuation
☐ 1- and 2-family dwelling	Commercial/industrial	Number, of bedrooms:
Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	☐ Other:	Total number of floors:
JOB SITE INFORMAT	ION AND LOCATION	New dwelling area: square feet
Job site address: 4658 6 Kulfura	LDA	Garage/carport area: square feet
City/State/ZIP: By AVELT an UN., Suite/bldg./apt. no.:	97005	Covered porch area: square feet
Suite/bldg./apt. no.:	Project name:	
Cross street/directions to job site:		Deck area: square feet
,		Other structure area: square feet
	T	REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed.  Indicate the value (rounded to the nearest dollar) of all equipment,
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated on this application.
DESCRIPTION	V OF WORK	Valuation 4,800.00
SYSTEM ONLY NO	STEM DE GINS AL	Existing building area: square feet
shly he	out trace	New building area: square feet
540 EM 01119 VIC	ai	Number of stories:
✓\PROPERTY OWNER	☐ TENANT	Type of construction:
Name: Legal will		Occupancy groups:
Address:		Existing:
City/State/ZIP:		New:
Phone:	Fax:	NOTICE
E-mail:		All contractors and subcontractors are required to be licensed with
Ø APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and
Business name: Fine Comments	1666	may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the
Contact name: /-IRE SG STEMS (		following reasons apply:
Address: GOD SS MIGRITIME	468 502 300	``
City/State/ZIP: 1/10 > (4) 4 G-R (4) 4		
Phone: 360 -63 -9306	Fax:	
E-mail: 1/2 /2/1/0 @ firesustan	15 West, con	
CONTRACTOR		BUILDING PERMIT FEES*
Business name: CA 8 48	311	Please refer to fee schedule
Address:		Fees due upon application
City/State/ZIP:		Amount received -
Phone:	Fax:	Date received:
CCB lic.: 49732		This permit application expires if a permit is not obtained
Authorized signature:		within 180 days after it has been accepted as complete
Print name:	Date:	* Fee methodology set by Tri-County Building Industry Service Board

Industry Service Board

Form B70-1001

Community Development Department **Building Division** 

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

**OFFICE USE ONLY** Date Received: 3-18-19 Permit No.: B2019-1070 Ву: Date Issued: Payment Type:

ECTRONIC SUBMITTA 249 Fax: (503) 526-2550 Westeral Information (503) 526-2222
Beaverton Oregon dov BeavertonÓregon.gov

тү	PE OF WORK
☐ New construction	☐ Demolition
✓ Addition/alteration/replacement	Other:
CATEGOR	Y OF CONSTRUCTION
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFO	DRMATION AND LOCATION
Job site address: 12720 SW Third Str	eet
City/State/ZIP: Beaverton / OR / 9700	05
Suite/bldg./apt. no.:	Project name: Beaverton Family Service
Cross street/directions to job site: SW Ang	el Avenue and SW Third Street
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCR	RIPTION OF WORK
Offices, B Occupancy	uilding, E Occupancy to Family Services
Offices, B Occupancy	□ TENANT
Offices, B Occupancy  PROPERTY OWNER  Name: The Church of Jesus Christ	☐ TENANT of Latter-day Saints
Offices, B Occupancy  PROPERTY OWNER  Name: The Church of Jesus Christ  Address: C/O Scott Robison 14517	☐ TENANT of Latter-day Saints SW Cornerstone Lane
Offices, B Occupancy  PROPERTY OWNER  Name: The Church of Jesus Christ Address: C/O Scott Robison 14517  City/State/ZIP: Sherwood / OR / 9714	☐ TENANT of Latter-day Saints SW Cornerstone Lane
Offices, B Occupancy  Z PROPERTY OWNER  Name: The Church of Jesus Christ Address: C/O Scott Robison 14517  City/State/ZIP: Sherwood / OR / 9714  Phone: (801) 718-1217	☐ TENANT  of Latter-day Saints  SW Cornerstone Lane
Offices, B Occupancy  PROPERTY OWNER  Name: The Church of Jesus Christ Address: C/O Scott Robison 14517  City/State/ZIP: Sherwood / OR / 9714	☐ TENANT  of Latter-day Saints  SW Cornerstone Lane
Offices, B Occupancy  PROPERTY OWNER  Name: The Church of Jesus Christ Address: C/O Scott Robison 14517 City/State/ZIP: Sherwood / OR / 9714 Phone: (801) 718-1217  E-mail: robisonst@ldschurch.org  APPLICANT	of Latter-day Saints SW Cornerstone Lane 40-7066 Fax:
Offices, B Occupancy  PROPERTY OWNER  Name: The Church of Jesus Christ Address: C/O Scott Robison 14517 City/State/ZIP: Sherwood / OR / 9714 Phone: (801) 718-1217  E-mail: robisonst@ldschurch.org  APPLICANT  Business name: John A. Stark, Archit	of Latter-day Saints SW Cornerstone Lane 40-7066 Fax:
Offices, B Occupancy  PROPERTY OWNER  Name: The Church of Jesus Christ Address: C/O Scott Robison 14517 City/State/ZIP: Sherwood / OR / 9714 Phone: (801) 718-1217  E-mail: robisonst@ldschurch.org  APPLICANT	of Latter-day Saints SW Cornerstone Lane 40-7066 Fax:
Offices, B Occupancy  PROPERTY OWNER  Name: The Church of Jesus Christ Address: C/O Scott Robison 14517 City/State/ZIP: Sherwood / OR / 9714 Phone: (801) 718-1217 E-mail: robisonst@ldschurch.org  APPLICANT  Business name: John A. Stark, Archit Contact name: John Stark	TENANT  of Latter-day Saints  SW Cornerstone Lane  40-7066  Fax:  CONTACT PERSON  ect LLC
Offices, B Occupancy  PROPERTY OWNER  Name: The Church of Jesus Christ Address: C/O Scott Robison 14517 City/State/ZIP: Sherwood / OR / 9714 Phone: (801) 718-1217 E-mail: robisonst@ldschurch.org  APPLICANT  Business name: John A. Stark, Archit Contact name: John Stark  Address: 2607 SW Sunset Blvd.	TENANT  of Latter-day Saints  SW Cornerstone Lane  40-7066  Fax:  CONTACT PERSON  ect LLC
Offices, B Occupancy  IZ PROPERTY OWNER  Name: The Church of Jesus Christ Address: C/O Scott Robison 14517 City/State/ZIP: Sherwood / OR / 9714 Phone: (801) 718-1217 E-mail: robisonst@ldschurch.org  IZ APPLICANT  Business name: John A. Stark, Archit Contact name: John Stark  Address: 2607 SW Sunset Blvd. City/State/ZIP: Portland / OR / 97239	TENANT  of Latter-day Saints  SW Cornerstone Lane  40-7066  Fax:  CONTACT PERSON  ect LLC
Offices, B Occupancy  IZ PROPERTY OWNER  Name: The Church of Jesus Christ Address: C/O Scott Robison 14517 City/State/ZIP: Sherwood / OR / 9714  Phone: (801) 718-1217  E-mail: robisonst@ldschurch.org  IZ APPLICANT  Business name: John A. Stark, Archit Contact name: John Stark Address: 2607 SW Sunset Blvd. City/State/ZIP: Portland / OR / 97239  Phone: (503) 544-6840  E-mail: jsbellaopus@msn.com	TENANT  of Latter-day Saints  SW Cornerstone Lane  40-7066  Fax:  CONTACT PERSON  ect LLC
Offices, B Occupancy  IZ PROPERTY OWNER  Name: The Church of Jesus Christ Address: C/O Scott Robison 14517 City/State/ZIP: Sherwood / OR / 9714  Phone: (801) 718-1217  E-mail: robisonst@ldschurch.org  IZ APPLICANT  Business name: John A. Stark, Archit Contact name: John Stark Address: 2607 SW Sunset Blvd. City/State/ZIP: Portland / OR / 97239  Phone: (503) 544-6840  E-mail: jsbellaopus@msn.com	TENANT  of Latter-day Saints  SW Cornerstone Lane  40-7066  Fax:  CONTACT PERSON  ect LLC
Offices, B Occupancy  PROPERTY OWNER  Name: The Church of Jesus Christ Address: C/O Scott Robison 14517 City/State/ZIP: Sherwood / OR / 9714 Phone: (801) 718-1217 E-mail: robisonst@ldschurch.org  APPLICANT  Business name: John A. Stark, Archit Contact name: John Stark Address: 2607 SW Sunset Blvd. City/State/ZIP: Portland / OR / 97239 Phone: (503) 544-6840 E-mail: jsbellaopus@msn.com  co Business name: Casa	TENANT  of Latter-day Saints  SW Cornerstone Lane  40-7066  Fax:  CONTACT PERSON  ect LLC  Fax:  NTRACTOR  Construction
Offices, B Occupancy  PROPERTY OWNER  Name: The Church of Jesus Christ Address: C/O Scott Robison 14517 City/State/ZIP: Sherwood / OR / 9714 Phone: (801) 718-1217 E-mail: robisonst@ldschurch.org  APPLICANT  Business name: John A. Stark, Archit Contact name: John Stark Address: 2607 SW Sunset Blvd. City/State/ZIP: Portland / OR / 97239 Phone: (503) 544-6840 E-mail: jsbellaopus@msn.com  co Business name: Grow Address: 13170 SW W/	TENANT  of Latter-day Saints  SW Cornerstone Lane  40-7066  Fax:  CONTACT PERSON  ect LLC  Fax:  NTRACTOR  Construction
Offices, B Occupancy  IZ PROPERTY OWNER  Name: The Church of Jesus Christ Address: C/O Scott Robison 14517 City/State/ZIP: Sherwood / OR / 9714  Phone: (801) 718-1217  E-mail: robisonst@ldschurch.org  IZ APPLICANT  Business name: John A. Stark, Archit Contact name: John Stark Address: 2607 SW Sunset Blvd. City/State/ZIP: Portland / OR / 97239  Phone: (503) 544-6840  E-mail: jsbellaopus@msn.com  co  Business name: Is Is Is Is Is Is Is Is Is Is Is Is Is	TENANT  Tof Latter-day Saints  SW Cornerstone Lane  40-7066  Fax:  CONTACT PERSON  ect LLC  Fax:  NTRACTOR  Construction

Date:

03/16/19

signature:

Print name:

John A. Stark

REQUIRED DATA: 1- AND 2-F	AMILY DWELLIN	G
Permit fees* are based on the value of t Indicate the value (rounded to the neare materials, labor, overhead, and the profi this application.	est dollar) of all equ	uipment,
Valuation		
Number. of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIA	AL-USE CHECKLI	ST
Permit fees* are based on the value of t Indicate the value (rounded to the neare materials, labor, overhead, and the profi this application.	est dollar) of all equ	uipment,
Valuation	75,	00.00
Existing building area:	square feet	2072
New building area:	square feet	NC
Number of stories:		1
Type of construction:		VB
Occupancy groups:		
Existing:		E
New:		В
NOTICE		
All contractors and subcontractors are not the Oregon Construction Contractors Bo may be required to be licensed in the jubeling performed. If the applicant is exert following reasons apply:	oard under ORS 7	01 and work is
BUILDING PERMIT  Please refer to fee s  Fees due upon application	**************************************	4
Amount received	φ1,100,7	<del></del>
Date received:		
Date received.		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

# ELECTRONIC SUBMITTALEVE SEE I:/BLDG DIV2WSLBillikan Way / PO Box 4755 Peaverton, OR 97076

opment Department

Print name:

Bryan Monroe

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
Date Received: 06/10/2019	Permit No.: B2019-2476
Date Issued: 7-2-1	By: CLEUN
,	Payment Type:

•	Beaverton Óregon.g@g	Payme	an rype:		
	TYPE OF WORK	REQUIRED DATA: 1- A	ND 2-FAMILY DWELLING		
☐ New construction	☐ Demolition	Permit fees* are based on the value frequency to the			
Addition/alteration/replacement	☐ Other:		ne nearest dollar) of all equipment, the profit for the work indicated on		
CATEGO	RY OF CONSTRUCTION	Valuation Valuation			
1- and 2-family dwelling	☑ Commerciat/industrial	Number, of bedrooms:	,		
☐ Accessory building	☐ Multi-family	Number of bathrooms:			
☐ Master builder	☐ Other:	Total number of floors:			
JOB SITE IN	FORMATION AND LOCATION		aguara faat		
Job site address: 8770 SW Nimbus	Ave.	New dwelling area:	square feet		
City/State/ZIP: Beaverton OR 9700	8	Garage/carport area:	square feet		
Suite/bldg./apt. no.: B	Project name: Keysight Sismic Rack	Covered porch area:	square feet		
Cross street/directions to job site:	·	Deck area:	square feet		
		Other structure area:	square feet		
	And the state of t	REQUIRED DATA: COM	MERCIAL-USE CHECKLIST		
Subdivision:	Lot no.:	Permit fees* are based on the value (rounded to the	alue of the work performed. to nearest dollar) of all equipment,		
Tax map/parcel no.:		materials, labor, overhead, and t this application.	he profit for the work indicated on		
DESC	CRIPTION OF WORK	Valuation	\$1850.00		
	nic connection of computer racks. This is a	Existing building area:	square feet 19507		
differed submittal for permit # B	2019-1712	New building area:	square feet 650		
		Number of stories:	. 1		
☐ PROPERTY OWNER	☑ TENANT	Type of construction:	V-B		
Name: Keysight	-	Occupancy groups:			
Address: 8770 SW Nimbus Ave S	uite B	Existing:	. B		
City/State/ZIP: Beaverton OR 97008	8	New:	В		
Phone: (818) 444-2950	Fax:	NO	TICE		
E-mail:		A sample for a bridge Color of the control of the c	rs are required to be licensed with		
☑ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contract	ctors Board under ORS 701 and		
Business name: Commercial Contra	ctors Inc	being performed. If the applicant	may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the		
Contact name: Bryan Monroe		following reasons apply:			
Address: 5573 S 1st Circle					
City/State/ZIP: Ridgefield WA 9864	2				
Phone: (503) 227-4440	Fax:				
E-mail: bryan.monroe@ccigc.com	1				
c	ONTRACTOR	BUILDING P	ERMIT FEES*		
Business name: Commercial Contra	ctors Inc	Please refer t	to fee schedule		
Address: 5573 S 1st Circle		Fees due upon application	\$251.56		
City/State/ZIP: Ridgefield WA 98642	2	Amount received			
Phone: (503) 227-4440	Fax: 360-448-0456	Date received:	•		
CCB lic.: 123729		This population and	ires if a normit is not obtained		
Authorized signature:			res if a permit is not obtained been accepted as complete		

Date:

06/10/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

### ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8.... Permit Application

#### RECEIVED



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

Date Received: Date Castred: OF BeavertonOregon.gov

OFFICE USE ONLY Permit No.: B2019-1694

ТҮРЕ	OF WORK
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	Other:
CATEGORY C	OF CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORM	IATION AND LOCATION
Job site add 17323 SW Dotterel La	ne
City/State/ZIP: BEAVERTON, OR	
Suite/bidg./apt. no.: LOT	Project name: SOUTH COOPER MT.
Cross street/directions to Job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 179
Tax map/parcel no.:	
DESCRIPT	ION OF WORK
NEW HOME	
☑ PROPERTY OWNER	☐ TENANT
Name: SK HOFF CONSTRUCTIO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR, 9700	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
☐ APPLICANT	☑ CONTACT PERSON
Business name: SK HOFF CONSTRUCT	TION
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97000	3
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTR	ACTOR
Business name: SK HOFF CONSTRUCT	ION
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	) ·
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB lic.: 121987	1 (000) 041-1001
	7.5(600) 641.7.001
Authorized signature:	1237(000) 04111001

Payment Type:	Check	
REQUIRED DATA: 1- AND 2-FA	MILY DWELLING	
Permit fees* are based on the value of th Indicate the value (rounded to the neares materials, labor, overhead, and the profit this application.	it dollar) of all equip	
Valuation 377,008.96		
Number, of bedrooms:		4
Number of bathrooms:		3-1/2
Total number of floors:		2
New dwelling area:	square feet	2908
Garage/carport area:	square feel	371
Covered porch area:	square feet	130
Deck area;	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIAL	-USE CHECKLIST	r
Permit fees* are based on the value of the indicate the value (rounded to the nearest materials, labor, overhead, and the profit this application.	l dollar) of all equip	
Valuation		
Existing building area:	square feet	
New building area:	square feet	
Number of stories:		2
Type of construction:	SINGLE FAI	MILY
Occupancy groups:		
Existing:		
New:		
NOTICE		
All contractors and subcontractors are required to Pregon Construction Contractors Boar may be required to be licensed in the jurist being performed. If the applicant is exempt following reasons apply:	d under ORS 701 : diction in which wo	and irk is
BUILDING PERMIT F	EES*	· · · ·
Please refer to fee sche Fees due upon application	edule	
Please refer to fee sche	edule	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Beaverton

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
Date Received:	Permit No.: B2019-2815
Date issued: (0 28 2019)	
	Payment Type:

	BeavertonOregon.gov L
The state of the s	YPE OF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	☐ Other:
CATEGÓR	Y OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/Industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFO	DRMATION AND LOCATION
Job site address: 17905 NW	Waterfield Ct
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt, no.:	Project name: DRIVID COLLINS
Cross street/directions to job site: Walk	
	•
D. L. P. C. L.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N131CB13	
	P.V. System on Roof
Mame: Promision Collins	☐ TENANT
Name: Ammon Collins	
	terfield Ct.
City/State/ZIP: Beaver for	02 9700le
Phone: 503.309. 6353	Fax:
=-mail: 9,001/105/97/60m	ish.com
M APPLICANT	☑ CONTACT PERSON
Business name: Greenlight 5010	ur 3 Routing
Contact name: Angic Oleser	0
Address: 6115 E. 18th S.	+.
City/State/ZIP: Vancower, w	14 98lelel
Phone: 503-336-1163	Fax: 360.258.0092
-mall: angie @greenlight	-Solar. 10m
O A Zoon	ITRACTOR
Business name: Green 1914	Solar & Roofing
Address: 1011S E. 1811 8	A. 54R J
City/State/ZIP: Van Couver	WA 98ldel
Phone: 503.334.1163	Fax: 360.2580092
CB IIC.: 211333	
Authorized June June June June June June June June	1
Print name: Angle Dieser	Date: (e/18/19
VI	

REQUIRED DATA: 1- ANI	D 2-FAMILY DWELLING
Permit fees* are based on the valual indicate the value (rounded to the materials, labor, overhead, and the this application.	ue of the work performed.
Valuation LIDOO	
Number, of bedrooms: 4	
Number of bathrooms: 3	
Total number of floors: 2	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Olher structure area:	square feel
REQUIRED DATA: COMME	
Permit fees* are based on the value indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all agginment
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of storles:	
Type of construction:	
Occupancy groups:	
Existing:	>
New:	
NOTIC	
All contractors and subcontractors in the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	rs Board under ORS 701 and
BUILDING PER	A CONTRACT OF THE STATE OF THE
Please refer to fe	ee schedule
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department Building Division

12725 SW Millikan Way / PO Box 4755

TRONIC SUB/MITTAL 43 Fax: (503) 526-2550

/BLDG DIV Wegen Information (503) 526-2222

OFFICE USE ONLY		
Date Received: 4-15-19	Permit No.: B2019-1536	
Date Issued: 7 - 1 - 19	By: 1UL_	
· · · · · · · · · · · · · · · · · · ·	Payment Type: V.Sa	

SEE I./BLUG DIV W	Beaverton Oregon.g	Paym	nent Type: VISa	
т	YPE OF WORK	REQUIRED DATA: 1- A	AND 2-FAMILY DWELLING	G
☐ New construction	☐ Demolition		Permit fees* are based on the value of the work perform Indicate the value (rounded to the nearest dollar) of all of	
☑ Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and		
CATEGOR	RY OF CONSTRUCTION	this application.  Valuation	ANALYSIA SANTA SAN	
1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedrooms:	And the state of t	
☐ Accessory building	☐ Multi-family	Number of bathrooms;	<u> </u>	
☐ Master builder	☐ Other:	Total number of floors:		
JOB SITE INF	ORMATION AND LOCATION	25 15 C 15 C 15 C 15 C 15 C 15 C 15 C 15		·····
Job site address: 9100 SW Gemini A	ve	New dwelling area:	square feet	
City/State/ZIP: Beaverton OR 97008		Garage/carport area:	square feet	
Suite/bidg./apt. no.:	Project name: Form Factors	Covered porch area:	square feet	
Cross street/directions to job site: SW Nim	bus	Deck area:	square feet	
		Other structure area:	square feet	
		REQUIRED DATA: COM	MERCIAL-USE CHECKLIS	ST
Subdivision:	Lot no.:	Permit fees* are based on the v		
Tax map/parcel no.:	The common has comedicated in the military substitution and the common of the common state of the common states	materials, labor, overhead, and this application.	the profit for the work indic	ated on
	RIPTION OF WORK	Valuation .	\$!	53,000
INTERIOR TENANT IMPROVE	I Evipting building group	square feet	N/A	
	FLOOR OF AN EXISTING WHOLE INCLUDE NEW WALLS, A NEW I		square feet	N/A
AND NEW CEILING TRACK AN		Number of stories:	·	1
PROPERTY OWNER	□ TENANT	Type of construction:		III-B
Name: Shorenstein - Rob Fabian		Occupancy groups:		B/F-1
Address: 5335 Meadows Road Sui	te 275	Existing:		N/A
City/State/ZIP: Lake Oswego OR 970	035	New:		N/A
Phone: (503) 412-4844	Fax:		OTICE	14/1
E-mail: rfabian@shorenstein.com				nad saddle
☐ APPLICANT	☐ CONTACT PERSON	All contractors and subcontractor the Oregon Construction Contra	ictors Board under ORS 70	11 and
Business name: Mackenzie		may be required to be licensed in being performed. If the applicant		
Contact name: Christine Mack		following reasons apply:		
Address: 1515 SE Water Ave Suite	100			
City/State/ZIP: Portland OR 97214				
Phone: (503) 224-9560	Fax:			
E-mail: cmack@mcknze.com				<del></del>
co	NTRACTOR	BUILDING F	PERMIT FEES*	
Business name: Russell Construction	- Donn Sturdivant	Please refer	to fee schedule	
Address: 20915 SW 105th Ave	,	Fees due upon application	\$951.26	
City/State/ZIP: Tualatin OR 97062		Amount received		
Phone: (503) 692-9002	Fax:	Date received:	***************************************	
CCB lic.: 58918		This permit application exp	Iros if a normit in that -L4:	ninod
Authorized signature: Winkfuk		within 180 days after it has		

Date:

04/12/19

Print name:

**Christine Mack** 

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
eaverton, OR 97076
Fax: (503) 526-2550
Date of the position of the posi

Print name:

DECEMEN	
OFFICE	USE ONLY
ate Received: 06/21/2019	Permit No.: B2019-2690
ite Issued: 7-1-19	Ву: 10/
CITY OF BEAVERTON	Payment Type: MC

(上の) ストニストリー・カクロノ・ロ	Lun (Eng) Eng 2000	Date iganeo:	1-1-1-1	Dy.	104-
SEE I:/BLDG DIV WG	eavertonOregon.gov	CIT	Y OF BEAVE	** F**   1 · 11 · 11 · 11 · 11 · 11 · 11 · 1	nent Type: MC
	OF WORK	Bµ	I-DING POY	REBEATA: 1-	AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition		Permit leas, at	e pased on me	veiue of the work performed.
☑ Addition/alteration/replacement	Other:		materials, labor	r, overhead, and	the nearest dollar) of all equipment, i the profit for the work indicated on
CATEGORY OF	CONSTRUCTION		this application Valuation	<u> </u>	\$12,150
☑ 1- and 2-family dwelling	Commercial/industrial		Number, of	pedrooms:	
☐ Accessory building	☐ Multi-family		Number of b		
☐ Mester builder	Other:		Total numbe	1	
JOB SITE INFORMA	TION AND LOCATION			<u>:                                    </u>	anyon foot
Job alte address: 2035 SW 79th Ave		-	New dwelling	<del> </del>	square feet
City/State/ZIP:Portland, OR 97225			Gerege/carp	<u> </u>	loef ensupa
Suite/bidg./ept. no.:	Project name: Fraser 32620		Covered por	ch area:	square feet
Cross street/directions to Job site:			Deck area:		square feet
			Other structu	<del> </del>	squere feet
	1.4			<u> </u>	MERCIAL-USE CHECKLIST
Subdivision:	Lot no.:		Indicate the val	uo (rounded to t	value of the work performed. he nearest dollar) of all equipment,
Tax map/parcel no.:			materials, labor this application.		the profit for the work indicated on
	N OF WORK		Valuation		•
Voluntary Underpinning Using 6 Heli	cal Piers	İ	Existing build	ling area:	square feet
·		•	New building	area:	square feet
			Number of s	ories:	
PROPERTY OWNER	☐ TENANT	1	Type of cons	truction:	
Name: Andy Fraser			Occupancy	roups:	
Address: 2035 SW 79th Ave.			Existing:		·
City/State/ZIP:Portland, OR 97225			New:		
Phone:(503) 708-9333	Fex:			No.	OTICE CONTRACTOR OF STREET
E-mail:afraser@sockeye.com			All contractors		ors are required to be licensed with
☐ APPLICANT	☐ CONTACT PERSON		the Oregon Con	struction Contra	actors Board under ORS 701 and in the jurisdiction in which work is
Business name: TerraFirma Foundation S	ystems		being performed	i. If the applicen	it is exempt from licensing, the
Contact name: Elenita Ronquillo			following reason	ia abbià:	
Address:13110 SW Wall St.			!		
City/State/ZIP:Tigard, OR 97223			i		
Phone:(503) 718-4533	Fax:				
E-mell:eronquillo@terrafirmafs.com					
CONTRA	CTOR		1. 1. S. 1. J. 1.	Picta Swar iz	PERMIT FEES!
Business name: TerraFirma Foundation S	ystems			Please refer	to fee schedule
Address: 13110 SW Wall St			Fees due upon	application	\$160.97
City/State/ZIP:Tigard, OR 97223			Amount receive	d .	
Phone:(503) 718-4533	Fax:		Date received:	-	
CGB (fc.:: 173547			This permit	application exp	ires if a permit is not obtained
Authorized signature:					s been accepted as complete

Date:

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE I	USE ONLY
Date Received: 7-1-19	Permit No. 2019-0820
Date Issued: 7-1-19	By: CRU
•	Payment Type:

	BeavertonOregon.gov L	Fayine	пк туре.
	TYPE OF WORK	REQUIRED DATA: 1- AN	ND 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipm materials, labor, overhead, and the profit for the work indicated this application.	
☑ Addition/alteration/replacement	☐ Other:		
CATEGO	DRY OF CONSTRUCTION	Valuation	
☐ 1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedrooms:	
☐ Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	☐ Other:		
JOB SITE IN	FORMATION AND LOCATION	Total number of floors:	
Job site address:9945 SW Beaverto	on Hi <b>∮</b> llsdale Hwy	New dwelling area:	square feet
City/State/ZIP:Beaverton OR 9700	5	Garage/carport area:	square feet
Suite/bldg./apt. no.:	Project name: Higher Ground	Covered porch area:	square feet
Cross street/directions to job site:		Deck area:	square feet
		Other structure area:	square feet
<u> </u>		REQUIRED DATA; COMM	ERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the val Indicate the value (rounded to the	ue of the work performed,
Tax map/parcel no.:		materials, labor, overhead, and the	
	CRIPTION OF WORK	Valuation	15,000.00
Installing 1/2" Fanfold insulation and 60 Mil TPO Membrane over a built up roof. We Are rucchanically attaching the insulation and Membrane.		Existing building area:	square feet 6032
		New building area:	square feet
/		Number of stories:	1
PROPERTY OWNER	☐ TENANT	Type of construction:	Roofing
Name:Quattro Developement LL	C	Occupancy groups:	roomig
Address:1100 Jorie Blvd Suite 14	0		
City/State/ZIP:Oak Brook, Illinois 60	)523	Existing:	
Phone:(630) 639-0952	Fax:	New:	
E-mail: .		NOT	ICE
☑ APPLICANT	☐ CONTACT PERSON	All contractors and subcontractors the Oregon Construction Contract	are required to be licensed with ors Board under ORS 701 and
Business name:Leak Seal Roofing		may be required to be licensed in being performed. If the applicant is	the jurisdiction in which work is
Contact name: Adam Figueroa		following reasons apply:	
Address: 2518 NE 252nd Ave			
City/State/ZIP:Camas WA			
Phone:(360) 576-6826	Fax:		
E-mail:adam@leaksealroofing.co	m	<b>- </b>	
	ONTRACTOR	BUILDING PE	RMIT FEES*
Business name:Leak Seal Roofing		Please refer to	fee schedule
Address:2518 NE 252nd Ave		Fees due upon application	
City/State/ZIP:Camas WA		Amount received	
Phone:(360) 576-6826	Fax:	Date received:	
CCB lic.: 182423			
Authorized		This permit application expire	s if a permit is not obtained

Authorized signature:

olgridadio.					
Print name:	lam Fra	ueron	Date: 🙋	127	/19
,			l		

within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2500

OFFICE USE ONLY		
Date Received: 6-4-9	Permit No.: B 2019-2366	
Date Issued:	By: CACA	
	Payment Type:	

OREGON Gener	al Information (503) 526-2222 BeavertonOregon.gov		Payment Type:
, TYPE OF	WORK	REQUIRED DATA	: 1- AND 2-FAMILY DWELLING
☑ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equi	
Addition/alteration/replacement	Other:	materials, labor, overhead	, and the profit for the work indicated
CATEGORY OF	CONSTRUCTION	this application.  Valuation	
1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:	
☐ Accessory building	☐ Multi-family	Number of bathrooms:	
Master builder	☐ Other:		
JOB SITE INFORMAT	ION AND LOCATION	Total number of floors:	
Job site address: 6928 SW	67th Avenue	New dwelling area:	square feet
City/State/ZIP: Portland	OR 97223	Garage/carport area:	square feet
Suite/bidg./apt. no.:	Project name:	Covered porch area:	square feet
		Deck area:	380 square feet
Ules	on Rd to Canby	Other structure area:	square feet
to sw with	,	REQUIRED DATA:	COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:		the value of the work performed.  In to the nearest dollar) of all equipm
Tax map/parcel no.;			, and the profit for the work indicated
DESCRIPTIO	N OF WORK	Valuation Valuation	\$4,000
Back Yard E	Deck.	Existing building area:	square feet
,	1	New building area:	square feet
/		Number of stories:	
TY PROPERTY OWNER	☐ TENANT	Type of construction:	
Name: Avcher Wall	ters	Occupancy groups:	
Address: 6928 SW	ofth Ave.	Existing:	
City/State/ZIP: Portland	OR 97223'	New:	
Phone: (831) 245-9647	Fax:	The state of the s	NOTICE
E-mail: awalt 25103	@ aol.com"	All contractors and subcor	ntractors are required to be licensed
APPLICANT	☐ CONTACT PERSON	the Oregon Construction (	Contractors Board under ORS 701 a ensed in the jurisdiction in which work
Business name: HOMEOWNE	· Y	being performed. If the ap	plicant is exempt from licensing, the
Contact name:	P	following reasons apply:	:
Address:			
City/State/ZIP:			
Phone:	Fax:		
면-mail:			
CONTRA	CTOR	BUILD	ING PERMIT FEES*
Blusiness name: Home own	1er	Please	refer to fee schedule
Address:	·	Fees due upon application	4103.61
City/State/ZIP:		Amount received	*
Phone:	Fax:	Date received:	
CCB lic.:	<u> </u>	This permit application	on expires if a permit is not obtain
Authorized signature:		within 180 days after	r it has been accepted as complet

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Tina Kayse

Community Development Department Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

BeavertonOregon.gov L

OFFICE	USE ONLY
Date Receiv@5/02/2019	Permit No.: B2019-1810
Date Issued: 5, 5, 17	By: CA
CITY OF BEAVERTON	Payment Type:
- 17011	

TYPE	OF WORK
☐ New construction	Demolition
☑ Addition/alteration/replacement	☐ Other:
	F CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORM	ATION AND LOCATION
Job site address: 5030 SW Rossi Terra	ace
City/State/ZIP: Beaverton OR 972005	
Suite/bldg./apt. no.:	Project name: Lee-Olson
Cross street/directions to job site; Murray B	lvd
O. L. P. Lit.	Lot no.:
Subdivision:	Location.
Tax map/parcel no.:	ION OF WORK
Name: Robert Lee-Olson Address: 5030 SW Rossi Terrace	☐ TENANT
City/State/ZIP: Beaverton OR 97005	
Phone: 415-310-4140	Fax:
E-mail:	
☐ APPLICANT	☑ CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTI	
Business name: A&R Solar	RACTOR
Address: 6800 NE 59th Place	RACTOR
	RACTOR
City/State/ZiP: Portland OR 97218	RACTOR
City/State/ZiP: Portland OR 97218  Phone: 503-420-8680	Fax:
Politand OR 9/216	

BEAVERTON	Payment Type:	
NA BOUL	A: 1- AND 2-FAM	ILY DWELLING
Permit fees* are based on the value of the work performed, Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		
Number, of bedrooms	:	
Number of bathrooms	:	
Total number of floors	»:	
New dwelling area:		square feet
Garage/carport area:		square feet
Covered porch area:		square feet
Deck area:		square feet
Other structure area:		square feet
REQUIRED DATA	COMMERCIAL	USE CHECKLIST
Permit fees* are based of Indicate the value (round materials, labor, overhead this application.	ted to the nearest	dollar) of all equipment.
Valuation		
Existing building area	Ľ	square feet
New building area:		square feet
Number of stories:		
Type of construction:		
Occupancy groups:		
Existing:		
New:		
	NOTICE	
All contractors and subc the Oregon Construction may be required to be li- being performed. If the a following reasons apply:	n Contractors Boar censed in the juriso applicant is exemp	diction in which work is
	DING PERMIT F	
riea	Se (elei to lee scill	
r does on a secolar	I.m. un.	N 7 30
Fees due upon applicat	ion	204.20
Fees due upon applicat  Amount received  Date received:	ion	204.20

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

08/08/18

	ELECTRO	DNIC SUBMITTAL	CONTRACTOR OF THE PARTY OF THE
1	SEE I:/BL	DG DIV2WG48	

ment Department Building Division ay / PO Box 4755 verton, OR 970

Phone: (503) 526-2493 Fax: (503) 526-25 General Information (503) 526-22

	771 731201 1	
on 55	OFFICE (	JSE ONLY
76	Date Received: 03/27/2019	Permit No.: B2019-1218
50	Date Issued:	By: CleUU
22	CITY OF BEAVERTON	Payment Type:

**REV 2/14** 

Form B70-1001

	BeavertonÓregon.gov L	OH Y	OF BEAVERTON Paymer	к туре.					
TYPE C	F WORK	BUI	LDING BUIREDIATA: 1- AN	D 2-FAMILY DWELLING					
☐ New construction	Demolition	3,52,555,55	Permit fees* are based on the val- indicate the value (rounded to the						
Addition/alteration/replacement	☐ Other:		materials, labor, overhead, and th						
CATEGORY OF	CONSTRUCTION .		this application.  Valuation						
☐ 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms:						
☐ Accessory building	Multi-family		Number of bathrooms:						
☐ Master builder	☐ Other:		Total number of floors:						
JOB SITE INFORMA	TION AND LOCATION		New dwelling area:	square feet					
Job site address: 5005 CW MVY774	Blvd	·	Garage/carport area:	square feet					
City/State/ZIP: Bewerton ER 9	7005		Covered porch area:	square feet					
Sulte/bldg./apt. no.: Pl///41	Project name: Store Creek Att	<b>.</b>	Deck area:	square feet					
Cross street/directions to job site:									
SW Murray Blud West a	of Farminaton Dd		Other structure area:	square feet					
Subdivision:	Lot no.:		REQUIRED DATA: COMMI Permit fees* are based on the value	A CONTRACTOR OF THE STATE OF TH					
Tax map/parcel no.:			Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,					
	N OF WORK		Valuation (190,000)						
Replace Selective Stavs (dv	y pot issues)		Existing building area:	square feet					
replace ***			New building area:	square feet					
			Number of stories: 3	MARKATAN TANAS SALAS	PROPERTY OWNER	: TENANT		Type of construction: 🛵 🗓	MC ·
Name: 5005 Apart Ments LL	C		Occupancy groups:						
Address: Do box 3966			Existing: 12						
City/State/ZIP: portland OR	97209		New: N/A						
Phone: 503 450 0230	Fax: 1503 450 0241		NOT	ire					
E-mail: 1p@cresapts.Co	om -								
APPLICANT.	GONTACT PERSON		All contractors and subcontractors the Oregon Construction Contract	ors Board under ORS 701 and					
Business name: Cherrin Rovm	threat/110		may be required to be licensed in being performed. If the applicant is						
Contact name: Servin Rowan			following reasons apply:	,					
Address: GIYY NE VERA ST									
City/State/ZIP: POPHOMA OR	97213								
Phone: 971 506 7436	Fax:								
CONTRACTOR OF THE PROPERTY OF	nav1.com								
CONTRA	CTOR		BUILDING PE						
Business name: TBD			Please refer to	fee schedule					
Address:			Fees due upon application						
City/State/ZIP:	1		Amount received						
Phone:	Fax:		Date received:						
CCB lic.:	A STATE OF THE STA		This permit application expire						
Authorized signature:			within 180 days after it has to * Fee methodology set by Tri						
Print name: Steven Rowton	Date: 3.15.18		Industry Service Board						

# ELECTRONIC SUBMITTAL evelopment Department SEE L'/BLDG DIV WG-8, (1) Beaverton, OR 97076 Beaverton, OR 97076 DESCRIPTION OF 100 S26-2550

Beaverton

Print name:

Pamela A. Deegan

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

Beaverton Óregon, gov

#### RECEIVED

OFFICE USE ONLY				
Date Receiver 6/26/2019	Permit No.: B2019-2749			
Date Issued: 7. 12 - ( 🔿	By: CA			
CITY OF REAVERTO	Payment Type:			

	Dearentone (ogeniger	BU	111_	DING DIVISION		
TYPE O	F WORK			REQUIRED DATA: 1- AND 2	FAMILY DWELLING	
☐ New construction	☐ Demolition		ľ	Permit fees* are based on the value of Indicate the value (rounded to the nea		
☑ Addition/alteration/replacement	☐ Olher:			materials, labor, overhead, and the pr	ofit for the work indicated on	
CATEGORY OF	CONSTRUCTION	g (	ľ	Valuation		
1- and 2-family dwelling	☑ Commercial/industrial		ļ	Number. of bedrooms:		
☐ Accessory building	☐ Multi-family		ľ	Number of bathrooms:	1	
☐ Master builder	☐ Other:		r	Total number of floors:		
JOB SITE INFORMAT	TION AND LOCATION		ŀ	New dwelling area:	square feet	
Job site address:11425 SW Beaverton-Hil	Isdale Hwy		f	Garage/carport area:	square feet	
City/State/ZIP:Beaverton, OR 97006		_	ŀ	Covered porch area:	square feet	
Suite/bldg./apt. no.:	Project name: Non-conforming upgrade Screen wall	_	┝	Deck area:	square feet	
Cross street/directions to job site:		-	-		square feet	
			4	Other structure area:	CHANCON SECURITION	
Subdivision:	Lot no.:	-	90%	REQUIRED DATA: COMMERC Permit fees* are based on the value of		
Tax map/parcel no.:	Let No.		1	Indicate the value (rounded to the nea materials, labor, overhead, and the pro-	rest dollar) of all equipment,	
DESCRIPTION	N OF WORK			this application.	nead, and the profit of the work mulcared on	
Install painted sheet metal screen wall for	Taylore (Advisor Device Lander), a fator carrent and a second second second second second second second second	(40%)	_	Valuation \$30,000		
Design approved under DR2019-0027 BH			L	Existing building area: 200 (Area of W	/ork) square feet	
			L	New building area: N/A	square feet	
		a rectar		Number of stories:		
☑ PROPERTY OWNER	☑ TENANT		Γ	Type of construction:	V-B	
Name:Fred Meyer - Howard Bell			Γ	Occupancy groups:		
Address:3800 SE 22nd Ave.		_	ľ	Existing:	М	
City/State/ZIP:Portland, OR 97219				New;	No Change	
Phone: 503.797.3044	Fax:	_	100	NOTICE		
E-mail:		DEAT 1	-	All contractors and subcontractors are	required to be licensed with	
☑ APPLICANT	☑ CONTACT PERSON		the Oregon Construction Contractors Board under of may be required to be licensed in the jurisdiction in		Board under ORS 701 and	
Business name: Western Construction Ser	vices	_		being performed. If the applicant is exempt from lice following reasons apply:		
Contact name: Pam Deegan		_	F	Tollowing recomme apply.		
Address:2300 E. 3rd Loop, Ste. 110						
City/State/ZIP:Vancouver, WA 98661						
Phone: 360,953,8517	Fax: 360.694.7818	_	l			
E-mall:pam@westernconstruction.com			683			
CONTRAC	TOR		100	BUILDING PERMI	andrical visiting in terminal estimate many with	
Business name: Western Construction Ser	vices		L	Please refer to fee	schedule	
Address:2300 E. 3rd Loop, Ste. 110		_	L	Fees due upon application		
City/State/ZIP:Vancouver, WA 98661		_	Ľ	Amount received		
Phone: 360,953.8517	Fax: 360.694.7818		L	Dale received:		
CCB IIc.:63717				This permit application expires if	a permit is not obtained	
Authorized Signature: Pam of A Dog	, , , , , , , , , , , , , , , , , , ,			within 180 days after it has been		

Date:

06.24.19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL pment Department SEE I:/BLDG DIV WG-8... Vay / PO Box 4755

Beaverton

**Building Division** 

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 Beaverton Óregon.gov

APPROVED

DECETVE OFFICE USE ONLY Date Receive 03/27/2019 Permit No.: B2019-1219 Date Issued: 7-(1-(0) By: CLEUM

	BU BU
TYPE OF	
☐ New construction	Demolition
Addition/alteration/replacement	Other:
CATEGORY OF	CONSTRUCTION
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	Multi-family
☐ Master builder	Cher:
JOB SITE INFORMAT	ion and Location
Job site address: 5005 SW MUYTON .	Blvd
City/State/ZIP: <b>Beaucity</b> 62 97	<i>1</i> 005
Sulte/bidg./apt. no.:D/w/	Project name: Store Oreck Apts.
Cross street/directions to job site:	•
SW Murray Blad West o	f Farminaton Rd
Subdivision:	Lot no.:
Tax map/parcel no.:	LOCKHO
DESCRIPTION	OF WORK
Replace Selective Stavs Give	
Replace Sold in a Cidus Coll	1101 6212
<b>Administration</b>	
PROPERTY OWNER	□ TENÁNT
Name: 5005 About MONTS LLC	
Address: Do box 2968	,
City/State/ZIP: portland OR	97209
Phone: 503 450 0230	Fax: 503 450 0241
E-mail: JP@cresapts.Col	M
APPLICANT	☐ CONTACT PERSON
Business name: Chown Rovm An	chytext/I/c
Contact name: Servin Rowton	
Address: GIYY NO VERA ST	
City/State/ZIP: portlama or	17213
Phorie: 971, 506, 7436	Fax:
E-mail: SKrärchitect@am	ent.com
CONTRAC	TOR
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature:	
Print name: Cterm Rowton	Date: 3.75.18

OF BEAVERTON	Payment Type:
ING DIVISION REQUIRED DAT	AV1: AND 2-FAMILY DWELLING
Indicate the value (round	n the value of the work performed. ed to the nearest dollar) of all equipment, d, and the profit for the work indicated on
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	, square feet
Other structure area:	square feet
REQUIRED DATA:	COMMERCIAL-USE CHECKLIST
Indicate the value (rounde	n the value of the work performed. ed to the nearest dollar) of all equipment, d, and the profit for the work indicated on
Valuation \$ 190,00	
Existing building area:	square feet
New building area:	square feet
New building area:  Number of stories: 3	square feet
Number of stories: 3	
Number of stories: 3	
Number of stories: 3  Type of construction: \ Occupancy groups:	
Number of stories: 3  Type of construction: 0  Occupancy groups:  Existing: R2	
Number of stories: 3  Type of construction: 1  Occupancy groups:  Existing: 22  New: 1/A  All contractors and subcothe Oregon Construction may be required to be lice	
Number of stories: 3  Type of construction: 1  Occupancy groups:  Existing: R2  New: N/A  All contractors and subcouthe Oregon Construction of the performed. If the appearance is a stories of the performed in the appearance is a stories of the performed.	NOTICE  Intractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is
Number of stories: 3  Type of construction: 1  Occupancy groups:  Existing: R2  New: N/A  All contractors and subcouthe Oregon Construction of the performed. If the appearance is a stories of the performed in the appearance is a stories of the performed.	NOTICE  Intractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is
Number of stories: 3  Type of construction: 1  Occupancy groups:  Existing: R2  New: N/A  All contractors and subcouthe Oregon Construction of the performed. If the appearance is a stories of the performed in the appearance is a stories of the performed.	NOTICE  Intractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is
Number of stories: 3  Type of construction: 1  Occupancy groups:  Existing: R2  New: N/A  All contractors and subcouthe Oregon Construction of the performed. If the appearance is a stories of the performed in the appearance is a stories of the performed.	NOTICE  Intractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is
Number of stories: 3  Type of construction: 1  Occupancy groups:  Existing: R2  New: N/A  All contractors and subcouthe Oregon Construction of the performed. If the appearance is a stories of the performed in the appearance is a stories of the performed.	NOTICE  Intractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is
Number of stories: 3  Type of construction: 1  Occupancy groups:  Existing: R2-  New: N/A  All contractors and subcouthe Oregon Construction may be required to be lice being performed. If the apfollowing reasons apply:	NOTICE  Intractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is uplicant is exempt from licensing, the
Number of stories: 3  Type of construction: 1  Occupancy groups:  Existing: R2-  New: N/A  All contractors and subcouthe Oregon Construction may be required to be lice being performed. If the apfollowing reasons apply:	NOTICE  Intractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is aplicant is exempt from licensing, the line of the property
Number of stories: 3  Type of construction: 1  Occupancy groups:  Existing: 12  New: 1/A  All contractors and subcomposities of the Oregon Construction may be required to be lice being performed. If the approximation of the oregon Construction may be required to be lice being performed. If the approximation of the oregon Construction   All contractors and subcontraction of the oregon Construction	NOTICE  Intractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is aplicant is exempt from licensing, the line of the property

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

# ECTRONIC SUBMITTA

it Application

pment Department **Building Division** 

Vay / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

APPROVED

this application.

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area:

Valuation

OFFICE USE ONLY Date Received: ()3 Permit No.: B2019-1200 Date Issued: Payment Type:

Permit fees\* are based on the value of the work performed.

indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on

square feet

Beaverton General Information (503) 526-2222 BeavertonOregon.gov BUILDING REXUREDINATA: 1- AND 2-FAMILY DWELLING TYPE OF WORK Demolition ☐ New construction Addition/alteration/replacement Other: CATEGORY OF CONSTRUCTION ☐ Commercial/industrial 1- and 2-family dwelling Multi-family ☐ Accessory building Other: ☐ Master builder JOB SITE INFORMATION AND LOCATION City/State/ZIP: Project name: Suite/bldg./apt. no.: Cross street/directions to job site: Subdivision: Tax map/parcel no.: Replace Selective Stairs (dry vot issues) Address: 7209 City/State/ZIP Fax: 503 450 024 Phone: CONTACT PERSON **Business name:** Contact name: Address: City/State/ZIP: **Business name:** 

Fax:

Date:

Address: City/State/ZIP:

Phone: CCB lic.: Authorized signature:

Print name

Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIA	LUSE CHECKLIST	
Permit fees* are based on the value of the indicate the value (rounded to the neare materials, labor, overhead, and the profit this application.	st dollar) of all equipment,	
Valuation\$ 190,000		
Existing building area:	square feet	
New building area:	square feet	
Number of stories: 3		
Type of construction: V-T W.	·	
Occupancy groups:		
Existing: 22		
New: N/A		
NOTICE		
All contractors and subcontractors are re the Oregon Construction Contractors Bo may be required to be licensed in the jur being performed. If the applicant is exen following reasons apply:	ard under ORS 701 and Isdiction in which work is	
•		
BUILDING PERMIT	FEES*	
Please refer to fee schedule		
Fees due upon application	\$2,009.67	
Amount received		
Date received:		
This permit application expires if a within 180 days after it has been a		

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

# SEE I:/N.DG DIV W@mounity Development Department Building Division

Beaverton

Print name:

Sandro Guerrero

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 D

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

0111023	
Date Received: 02/15/2019	Permit No.: B2019-0656
Date Issued: Li- 24- A	By:
CITY OF BEAVERTON	Payment Type:

•	BeavertonOregon.gc	011	1 OF BEAVERTON		
TYPE	OF WORK		LDING DIVISIONA: 1-AN	D 2-FAMILY DWELLIN	G
☑ New construction	☐ Demolition		Permit fees* are based on the value of the work perform Indicate the value (rounded to the nearest dollar) of all ematerials, labor, overhead, and the profit for the work indicate this application.		
☐ Addition/alteration/replacement	☐ Other:				cated on
CATEGORY C	F CONSTRUCTION		Valuation	364,	476.40
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Number. of bedrooms:		4
☐ Accessory building	☐ Multi-family		Number of bathrooms:		3-1/2
☐ Master builder	☐ Other:		Total number of floors:		2
JOB SITE INFORM	IATION AND LOCATION		New dwelling area;	square feet	2908
Job site address: 12100 SW 173rd Terra	ace		Garage/carport area:	square feet	360
City/State/ZIP: BEAVERTON, OR				square feet	130
Suite/bldg./apt. no.:	Project name: SOUTH COOPER	R MT.	Covered porch area:		
Cross street/directions to job site:			Deck area:	square feet	NO
			Other structure area:	square feet	NO
	T		REQUIRED DATA: COMME	*************************************	
Subdivision: SOUHT COOPER MT	Lot no.: 177		Permit fees* are based on the value Indicate the value (rounded to the	nearest dollar) of all eq	uipment,
Tax map/parcel no.:			materials, labor, overhead, and the this application.	e profit for the work indi	cated on
DESCRIPT	ION OF WORK	A BAR A PERME	Valuation		
NEW HOME			Existing building area:	square feet	
	•		New building area:	square feet	
			Number of stories:		2
☑ PROPERTY OWNER	☐ TENANT		Type of construction:	SINGLE F	AMILY
Name: SK HOFF CONSTRUCTIO	- · · J.		Occupancy groups:		
Address: 735 SW 158TH AVE			Existing:		
City/State/ZIP: BEAVERTON, OR, 9700	06		New:		
Phone: (503) 319-6963	Fax: (503) 641-7661		NOT	ICE	
E-mail: squerrero@arborhomes.com					nood with
☐ APPLICANT	☑ CONTACT PERSON		All contractors and subcontractors the Oregon Construction Contract	ors Board under ORS 7	01 and
Business name: SK HOFF CONSTRUC	TION		may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the		
Contact name: SANDRO GUERRERO			following reasons apply:		
Address: 735 SW 158TH AVE	1000				
City/State/ZIP: BEAVERTON, OR 9700	06				
Phone: (503) 319-6963	Fax: (503) 641-7661				
E-mail:					······································
CONT	RACTOR		BUILDING PE	RMIT FEES*	
Business name: SK HOFF CONSTRUC	TION		Please refer to	fee schedule	
Address: 735 SW 158TH AVE			Fees due upon application	\$1,478.7	1
City/State/ZIP: BEAVERTON, OR 9700	06		Amount received		
Phone: (503) 641-7342	Fax: (503) 641-7661		Date received:		
CCB lic.: 121987			This permit application expire	on if a narmit is not ab	itained
Authorized signature:			within 180 days after it has	been accepted as com	plete

Date:

02/12/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

#### COB Revision/Trackinging Permit Application Community Development Department **Building Division** OFFICE USE ONLY 18-013 12725 SW Millikan Way / PO Box 4755 Date Received: 04/18/2019 Permit No.: B2018-4973 Beaverton, OR 97076 ELECTRONIC SUBMITTAL B Fax: (503) 526-2550 Date Issued: Ву; SEE I:/BLDG DIV WG-8... hation (503) 526-2222 BeavertonOregon cream CITY OF BEAVERTO Payment Type: BeavertonOregon.gem G DIVISION REQUIRED DATA: 1- AND 2-FAMILY: DWELLING TYPE OF WORK Permit fees\* are based on the value of the work performed. □ Demolition New construction Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on Other: L'1 Addition/siteration/replacement this application. CATEGORY OF CONSTRUCTION Valuation 199,501 Commercial/industrial 1- and 2-family dwelling Number, of bedrooms: 2 Multi-family ☐ Accessory building Number of bathrooms: 2.5 Other: ☐ Master builder Total number of floors: 3 JOB SITE INFORMATION AND LOCATION square feet New dwelling area: 1542.34 Job site address: 17236 SW Kite Ln square feet Garage/carport area: 368.94 City/State/ZIP:Beaverton, Or 97007 square feet Covered porch area: 103.8 Project name: SCHM Sulte/bldg./apt. no.: 0 square feet 0 Deck area: Cross street/directions to job site: square feet Other structure area: () REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit (ees\* are based on the value of the work performed. Subdivision: South Cooper Mountain Hts | Lot no.: 103 Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on Tax map/parcel no.: this application. DESCRIPTION OF WORK Valuation **NEW SFR** square feet Existing building area: square feet New building area: Number of stories: ☐ TENANT PROPERTY OWNER Type of construction: R2 Name: Everett Custom Homes Occupancy groups: Address: 3330 NW Yeon Ave Existino: city/state/ZIP: Portland, OR 97210 Townhome New: Phone: (503) 726-7060 Fax: NOTICE E-mail: jreilly@everetthomesnw.com All contractors and subcontractors are required to be licensed with ☑ CONTACT PERSON the Oregon Construction Contractors Board under ORS 701 and ☑ APPLICANT may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the Business name: Everett Custom Homes following reasons apply: Contact name: Jennifer Reilly Address: 3330 NW Yeon Ave city/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: jreilly@everetthomesnw.com

CONTRACTOR

Fax:

Date: 4/16/19

**Business name: Everett Custom Homes** 

City/State/ZIP: Portland, Oregon 97210

Phone: jreilly@everetthomesnw.com

Address: 3330 NW Yeon Ave

CCB Ilc.: 189447

Print name: Jennifer Reilly

Authorized signature: Fees due upon application

Amount received

Date received:

**BUILDING PERMIT FEES**\*

Please refer to fee schedule

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

# COB Revision/Tracking Permit Application

REV	Community Development Department
	Building Division
<u> 7-19-014                                     </u>	12725 SW Millikan Way / PO Box 4755
LECTRONIC	CLUB AUTTAL Beaverton, OR 97076

SUBMITAL B Fax: (503) 526-2550 hatlon (503) 526-2222

signature:

Print name: Jennifer Reilly

RECEIVED	
	JSE ONLY
ite Received: U4/18/2019	Permit No.: B2018-4977
te Issued: 5-21-19	By: CEV
	<b>6</b>

SEF I: /BLDG DIV M.G-	O Rosyadon Oregon grade		1 0	DEAACHI	ON Payment Typ	3.
		BC	/LD	NG DIVISIO	) <del>\</del>	AMILY DWELLING
TYPE OF	l		Pen	nit fees* are base	ed on the value of	he work performed.
New construction	☐ Demolition		India	ate the value (ro	unded to the near	est dollar) of all equipment, It for the work indicated on
☐ Addillon/alteration/replacement	Other:		this	application.		
CATEGORY OF (			Valu	ration 199,50	)1	
☑ 1- and 2-family dwelling	☐ Commercial/Industrial		1	lumber, of bedroo	oms: 2	
Accessory building	☐ Multi-family		١	lumber of bathroo	oms: 2.5	
☐ Master builder	Other:	2012223	7	otal number of fic	oors; 3	
JOB SITE INFORMATI	ON AND LOCATION		٨	lew dwelling area	: 1542.34	square feet
Job site address: 17232 SW Kite Ln			G	arage/carport an	ea: 368.94	square feet
City/State/ZIP:Beaverton, Or 97007			0	overed porch are	a: 103.8	square feet
Sulte/bidg./apt. no.:	Project name:SCHM		0	eck area:	0	square feet
Cross street/directions to job site:				Other structure are	aa: O	square feet
					en la responsación de la companyación de la company	L-USE CHECKLIST
Subdivision: South Cooper Mountain Hts	Lot no.: 104		Pen	nit fees" are base	d on the value of t	he work performed.
Tax map/parcel no.:			India	ate the value (ro	unded to the neare head, and the prof	st dollar) of all equipment, it for the work indicated on
DESCRIPTION	OF WORK		this	application.		
	SSS-19-	3300-5007		ation		
NEW SFR			E	xisting building a	rea;	square feet
	•		N	lew building area	· ·	square feet
		2000000	N	lumber of stories:		
☐ PROPERTY OWNER	☐ TENANT		Т	ype of construction	n:	
Name: Everett Custom Homes			С	ccupancy groups	3:	R
Address: 3330 NW Yeon Ave				Existing:		
City/State/ZIP: Portland, OR 97210				New:		Townhom
Phone: (503) 726-7060	Fax:				NOTICE	
E-mail: jreilly@everetthomesnw.com		SWHOO	Allo	ontractors and su	ipcoultractora are t	equired to be licensed with
☑ APPLICANT	☐ CONTACT PERSON		may	he required to be	a licensed in the lu	pard under ORS 701 and disdiction in which work is
Business name: Everett Custom Homes			bein folio	g performed. If th wing reasons app	ie applicant is exer ply:	npt from licensing, the
Contact name: Jennifer Reilly			<u></u>			
Address: 3330 NW Yeon Ave						
City/State/ZIP: Portland, OR 97210						
Phone: (503) 726-7060	Fax:					
E-mail: jreilly@everetthomesnw.com		onanii				FERO
CONTRAC	TOR				JILDING PERMIT	despita elektrologica del segundo de la companya elektrologica de la companya de la companya de la companya de
Business name: Everett Custom Homes			<u> </u>		ease refer to fee s	NIAGRIA
Address: 3330 NW Yeon Ave				s due upon applic	ation	
City/State/ZiP: Portland, Oregon 97210			Amo	unt received		<u> </u>
Phone: jreilly@everetthomesnw.com	Fax:		Date	received:		
CCB Itc.: 189447			Ti	his permit applic	cation expires if a	permit is not obtained
Authorized (annitar R. OD.)			1	within 180 days	after it has been :	accepted as complete

Date: 4/16/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

**REV 2/14** 

0

R2

Townhome

COB Revision/Tracिस्मिलुंग	g Permit	Application	
	nity Developm	ent Department	
T_19-015 12725 SV	ا Millikan Wav	Building Division //PO Box 4755	
	Reave	Han OF 97076	Date Rece
ELECTRONIC SUBMITT	nation	(503) 526-2330	Date Issue
SEE 1:/BLDG DIV WG-	<b>グ</b> Beave	rtonOregon.g@	L
TYPE OF	WORK		
New construction	☐ Demolition		
☐ Addition/alteration/replacement	☐ Other:		
CATEGORY OF (	CONSTRUCTION		
☑ 1- and 2-family dwelling	Commercial/	industrial	
☐ Accessory building	☐ Multi-family		
☐ Master builder	Other:		
JOB SITE INFORMAT	ON AND LOCA	TION	
Job site address: 17226 SW Kite Ln			
City/State/ZIP:Beaverton, Or 97007			
Sulte/bidg./apt. no.:	Project name:S	СНМ	
Cross street/directions to job site:			
Subdivision: South Cooper Mountain Hts	Lot no.: 105		
	Luttion 100		<u></u>
Tex map/parcel no.:  DESCRIPTION	OF WORK		
prochi rei			edesida hiller militaria
NEW SFR			
•			•
PROPERTY OWNER		☐ TENANT	
Name: Everett Custom Homes			**************************************
Address: 3330 NW Yeon Ave			
city/State/ZIP: Portland, OR 97210			
Phone: (503) 726-7060	Fax:		****
E-mail: jreilly@everetthomesnw.com			······································
☑ APPLICANT	Ø	CONTACT PERSON	
Business name: Everett Custom Homes			
Contact name: Jennifer Reilly			
Address: 3330 NW Yeon Ave			
City/State/ZIP: Portland, OR 97210			
Phone: (503) 726-7060	Fax:		
E-mail: jreilly@everetthomesnw.com			
CONTRAC	TOR		
Business name: Everett Custom Homes			
Address: 3330 NW Yeon Ave			
City/State/ZIP: Portland, Oregon 97210		·	
Phone: jreilly@everetthomesnw.com	Fax:		
GCB lic.: 189447			
Authorized Jennifer Beilly			
Print name: Jennifer Reilly		Date: 4/16/19	

	OFFICE	JSE ONLY		
ale Received:	04/18/2019		2018-4978	· 
ale Issued:	521.10	27.	<u> </u>	
CIT	Y OF BEAVERTO	Payment Type:		
B(		A: 1, AND 2-FAM		
	Permit fees* are based of indicate the value (round materials, labor, overheaths application.	ed to the nearest	dollar) of all equipme	int, on
	Valuation 257,516			
	Number, of badrooms	: 3		
	Number of bathrooms	: 2.5		
	Total number of floors	: 3		
	New dwelling area: 1	873.37	square feet	
	Garage/carport area:	453.14	square feet	
	Covered porch area:	107.93	square feet	
	Deck erea:	0	square feet	0
	Other structure area:	0	square feet	
	REQUIRED DATA	COMMERCIAL	USE CHECKLIST	
	Permit fees" are based o indicate the value (round materials, labor, overhea this application.	ed to the nearest	dollar) of all equipme	nt, on
	Valuation			
1	Existing building area:		square feet	
	New building area:		square feet	
	Number of stories:			
	Type of construction:			
	Occupancy groups:			R2
	Existing:			

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

NOTICE

BUILDING PERMIT FEES! Please refer to fee schedule

Fees due upon application

Amount received

New:

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

**REV 2/14** 

Townhome

### FI FCTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8ding Permit Application



New construction

☐ Addition/alteration/replacement

Job site address: 12110 SW 173rd Terrace

City/State/ZIP: BEAVERTON, OR

Subdivision: SOUHT COOPER MT

PROPERTY OWNER

City/State/ZIP: BEAVERTON, OR, 97006

E-mail: squerrero@arborhomes.com

Contact name: SANDRO GUERRERO

City/State/ZIP: BEAVERTON, OR 97006

Address: 735 SW 158TH AVE

Phone: (503) 319-6963

□ APPLICANT

Business name: SK HOFF CONSTRUCTION

Name: SK HOFF CONSTRUCTIO

Address: 735 SW 158TH AVE

Phone: (503) 319-6963

Cross street/directions to job site:

1- and 2-family dwelling

☐ Accessory bullding

☐ Master builder

Suite/bidg./apt. no.:

Tax map/parcel no.:

**NEW HOME** 

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

□ Demolition

☐ Multi-family

Other:

Lot no.: 176

☐ TENANT

CONTACT PERSON

Fax: (503) 641-7661

Fax: (503) 641-7661

□ Commercial/industrial

Other:

TYPE OF WORK

CATEGORY OF CONSTRUCTION

JOB SITE INFORMATION AND LOCATION

DESCRIPTION OF WORK

#### RECEIVED OFFICE USE ONLY Date Received: 04/25/2019 Permit No.: B2019-1833 Date Issued: 7.26.10 By: ( OF BEAVERTON Payment Type: BUILDING DIVISION **REQUIRED DATA: 1- AND 2-FAMILY DWELLING** Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. 344,349,49 Valuation 3 Number, of bedrooms: 3 Number of bathrooms: 2 Total number of floors: 2618 New dwelling area: square feet 398 Garage/carport area: square feet Covered porch area: square feet 201 Project name: SOUTH COOPER MT. Deck area: square feet Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,

#### materials, labor, overhead, and the profit for the work indicated on this application. Valuation Existing building area: square feet square feet New building area: 2 Number of stories: Type of construction: SINGLE FAMILY Occupancy groups: Existing: New: NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

Please refer to fee schedule	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building dustry Service Board

 Industry Service
Form B70-1001

**REV 2/14** 

Business name: SK HOFF CONST	RUCTION	
Address: 735 SW 158TH AVE		
City/State/ZIP: BEAVERTON, OR	97006	
Phone: (503) 641-7342	Fax: (503) 641-7661	
CCB lic.: 121987		
Authorized signature:		
Print name:	Date;	
A		

CONTRACTOR

ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8

Beaverton

Development Department Bullding Division Ilikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 Beaverton Oregon.gov

Duplicate plan, 2336A Willow American, as Lot 155 (B2018-3990) both Garage Right

OFFICE USE ONLY Permit No.: B2019-1825 Date Received: 05/02/2019 Date Issued: ( CIT

estitutation kan segan ost settest seeks segan ost en en en en en en en en en en en en en	YPE OF WORK
☑ New construction	Demotition
☐ Addition/atteration/replacement	☐ Other:
Alegan power and the production of the productio	RY OF CONSTRUCTION
2 1- and 2-family dwelling	☐ Commercial/Industrial
☐ Accessory building	Multi-family
Master builder	☐ Other:
And the Control of th	ORMATION AND LOCATION
Job site address: 17323 SW Kite	<u>Ln</u>
city/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
subdivision: South Cooper Mtn	Lot no.: 116
Tax map/parcel no.:	
DESCI	RIPTION OF WORK
☑ PROPERTY OWNER	[] TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 9868	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mall:	
	☑ CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZiP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	
	DNTRACTOR
Business name: Lennar NW Inc.	
Address: same as above	
Clty/State/ZIP:	
Phone:	Fax:
CCB No.: 195307	
Authorized signature:	
Print name:	Date:

Juls Call

elosio By: a	<u> </u>		
Y OF BEAVERTON Payment Type:			
LDINGE UKBODAA: 1- AND 2-FAI	MILY DWELLING		
Permit fees' are based on the value of the indicate the value (rounded to the neares malerials, labor, overhead, and the profit this application.	e work performed. t dollar) of all equipment,		
Valuation 335,525.76			
Number, of bedrooms: 3			
Number of bathrooms: 2.5			
Total number of floors: 2	5		
New dwelling area: 2322	square feet		
Garage/carport area; 439	square feet		
Covered porch area: 122	square feet		
Deck area:	square feet		
Other structure area:	square feet		
REQUIRED DATA: COMMERCIAL			
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit this application.	l dollar) of all equipment,		
Valuation			
Existing building area:	square feet		
New building area:	square feet		
Number of stories:			
Type of construction:			
Occupancy groups:			
Existing:			
New:			
NOTICE			
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:			
. BUILDING: PERMIT: FEES*			
Please refer to fee sch	F		
Fees due upon application	\$694.90		
Amount received			
Date received:			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

07/20/18

ELECTRONIC SUBMITTAL

SEE I:/BLDG DIV WG-8...

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

BeavertonOregon, gov

Print name:

OFFICE	USE ONLY
Date Received: U5/16/2010	Permit No.: B2019-2102
Date Issued:	By: CV
CITY OF BEAVERTON	Payment Type:
RIM DIMO DI COL	

<b>,</b> , , , , , , , , , , , , , , , , , ,	BeavertonOregon.gov	-PHI -PHI	마	BEAVERTON Payment NG DIVISION	rype:	
TYPE	OF WORK		]	REQUIRED DATA: 1- AND	2-FAMILY DWELLIN	G
[2] New construction	□ Demolition		ŀ	Permit fees* are based on the value	of the work performe	d.
Addition/alteration/replacement	Other:	-		Indicate the value (rounded to the n materials, labor, overhead, and the	earest dollar) of all eq profit for the work indi	uipment, cated on
	F CONSTRUCTION		ŀ	this application.	00	
[Z] 1- and 2-family dwelling	☐ Commercial/industrial	$\dashv$	-	Valuation \$376,147.	90	
☐ Accessory building	☐ Multi-family	-	-	Number, of bedrooms:		
☐ Master builder	Other:		-	Number of bathrooms:		3-1/:
	ATION AND LOCATION		-	Total number of floors:		
Job site address: 12120 SW Terrace	ATTOCK AND LOUATION			New dwelling area:	square feet	290
City/State/ZIP: BEAVERTON, OR				Garage/carport area:	square feet	360
Sulte/bldg./apt. no.: LOT	Project name: SOUTH COOPER MT.	$\dashv$		Covered porch area:	square feet	118
	Project name, 300 [1] COOP EN 1911.			Deck area:	square feet	
Cross street/directions to job site:	,		ſ	Other structure area:	square feet	
			r	REQUIRED DATA: COMMER	CIAL-USE CHECKL	IST.
Subdivision: SOUHT COOPER MT	Lot no.: 175		r	Permit fees* are based on the value		
Tax map/parcel no.;				indicate the value (rounded to the na materials, labor, overhead, and the		
DESCRIPTI	ON OF WORK		}	this application.		
NEW HOME			-	Valuation		
THE THOME				Existing building area:	square feet	
			-	New building area:	square feet	
		_	L	Number of stories:		
Z) PROPERTY OWNER	☐ TENANT	_		Type of construction:	SINGLE F	AMIL
Name: SK HOFF CONSTRUCTIO		_		Occupancy groups:		
Address: 735 SW 158TH AVE		_	ſ	Existing:		
City/State/ZIP: BEAVERTON, OR, 9700	6		ľ	New:		
Phone: (503) 319-6963	Fax: (503) 641-7661	_	r	NOTIC	<b>E</b> .	
E-mail: sguerrero@arborhomes.com			-	All contractors and subcontractors a	re required to be licen	sed with
☐ APPLICANT	☑ CONTACT PERSON			the Oregon Construction Contractors may be required to be licensed in the	Board under ORS 70	01 and
Business name: SK HOFF CONSTRUCT	ION			being performed. If the applicant is e following reasons apply:		
Contact name: SANDRO GUERRERO	· ·		-	tollowing reasons appry.		
Address: 735 SW 158TH AVE						
City/State/ZIP: BEAVERTON, OR 97006	6					
Phone: (503) 319-6963	Fax: (503) 641-7661					
E-mail:						
CONTRA	ACTOR			BUILDING PERI	AIT FEES'	
Business name: SK HOFF CONSTRUCT	ION			Please refer to fe	e schedule	
Address: 735 SW 158TH AVE				Fees due upon application		
City/State/ZIP: BEAVERTON, OR 97006	6			Amount received		
Phone: (503) 641-7342	Fax: (503) 641-7661			Date received:		
CCB lic.: 121987			L			
Authorized signature:				This permit application expires within 180 days after it has be		

Date:

\* Fee methodology set by Tri-County Building industry Service Board

Form B70-1001

# ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

Juls Call

#### Permit Application

Re-issued Plan Lot 136, B2018-4236, 2479E Magnolia English

Development Department **Bullding Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

RECEIVED				
OFFICE USE ONLY				
Date Received 04/01/2019	Permit No.: B2019-1298			
Date Issued: FX 7/12/10	By: CU			
CITY OF BEAVERTON	Payment Type:			

,	Beaverton Oregon, gov	TOF BEAVERTON Payment Type.
TYPE O	F WORK	LILDING REVISED DATA: 1-AND 2-FAMILY DWELLING
[7] New construction	Demolition	Petitities are pased out the value of the front performed.
☐ Addillon/alteralion/replacement	☐ Olher:	indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
CATEGORY OF	CONSTRUCTION	Valuation \$316,673.55 \$328,305.51
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms: 4
☐ Accessory building	☐ Multi-family	Number of bathrooms: 2.5
☐ Master builder	☐ Other:	Total number of floors: 2
and provide the first of the state of the st	TION AND LOCATION	New dwelling area: 2479 square feet
Job site address: 17327 SW Kite Ln		Garage/carport area: 429 square feet
city/state/ZIP: Beaverton, OR	<b>.</b>	Covered porch area: 182 square feet
Suite/bldg./apt. no.:	Project name:	Deck area: square feet
Cross street/directions to job site:		Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision: South Cooper Mtn	Lot no.: 117	Permit fees* are based on the value of the work performed.
Tax map/parcel no.:		Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
DESCRIPTIO	N OF WORK	this application.  Valuation
NSFR		Existing building area: square feet
	☐ TENANT	Number of stories:
Name: Lennar NW Inc.		Type of construction:
Address: 11807 NE 99th St. #1170		Occupancy groups:
clty/state/ZIP: Vancouver, WA 98682		Existing:
Phone: (360) 258-7900	Fax: (360) 258-7901	New:
E-mail:	1(000) 200 1001	NOTICE
☑ APPLICANT	☑ CONTACT PERSON	All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and
Business name: Lennar NW Inc.		may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the
Contact name: Juls Call		following reasons apply:
Address: same as above		
City/State/ZiP:		
Phone: (360) 258-7906	Fax:	
E-mail: juls.call@lennar.com		
CONTRAC	PTOR	BUILDING PERMIT FEES!
Business name: Lennar NW Inc.		Please refer to fee schedule
Address: same as above		Fees due upon application \$684.17
City/Slate/ZIP:		Amount received
Phone:	Fax:	Date received:
CCB No.: 195307		This permit application expires if a permit is not obtained
Authorized signature:		within 180 days after it has been accepted as complete
Print name:	Date:	* Fee methodology set by Tri-County Building Industry Service Board

07/20/18

Industry Service Board

Form B70-1001

### ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

evelopment Department

Building Division kan Way / PO Box 4755
Beaverton, OR 97076

Date Received: 05/22/2019 Phone: (503) 526-2493 Fax: (503) 526-2550 Date Issued:

RECEIVED

OFFICE USE ONLY Permit No.: B2019-2180 8y:

OREGON General Inform	BeavertonOregon.gov	CITY (	OF BEAVERTON Paym	ent Type:		
TYPE OF		BUIL	DING DIVISIONTA: 1-A	ND 2-FAMILY DWELLIN	 G	
✓ New construction	☐ Demolition		Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment		a,	
☐ Addition/alteration/replacement	Other:		materials, labor, overhead, and	the profit for the work indi	cated on	
CATEGORY OF C	CONSTRUCTION		this application. Valuation	\$365,817.50	·····	
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms:		4	
☐ Accessory building	☐ Multi-family	$\exists \vdash$	Number of bathrooms:		2.5	
☐ Master builder	Other:	$\Box$ $\vdash$	Total number of floors:		2	
JOB SITE INFORMAT	ON AND LOCATION		New dwelling area:	square feet	2793	
Job site address: 16285 SW Jade View W	/ay		Garage/carport area:	square feet	464	
City/State/ZIP: Beaverton, OR 97007			Covered porch area:	square feet	-,	
Suite/bldg./apt. no.:	Project name:			square feet	56	
Cross street/directions to job site: Beard to Nora	a, S, on Diamond View, L on Jade	-	Deck area:	,	30	
View			Other structure area:	square feet		
	Lat no.: 5		REQUIRED DATA: COM			
Subdivision: Jadeview	Locino3		Indicate the value (rounded to ti	rmit fees* are based on the value of the work performed. icate the value (rounded to the nearest dollar) of all equipment,		
Tax map/parcel no.: 1S129CB1 006900	I OF WORK		materials, labor, overhead, and the profit for the work indication.			
DESCRIPTION	Y OF WORK	[	Valuation			
New Home			Existing building area:	square feet		
			New building area:	square feet		
			Number of stories:			
☐ PROPERTY OWNER	☐ TENANT	[	Type of construction:			
Name: Gertz Construction Co Inc		[	Occupancy groups:			
Address: 19200 SW 46th Ave			Existing:			
City/State/ZIP: Tualatin, OR 97062-8770			New:			
Phone: (503) 692-3390	Fax: (503) 692-5433		N	OTICE	MPHEN-T	
E-mail: Ken@Gertzco.com			All contractors and subcontract	ors are required to be lice	nsed with	
☑ APPLICANT ☐ CONTACT PERSON			the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is			
Business name: Gertz Construction Co Inc	C	1	being performed. If the applicant is exempt from licensing, the following reasons apply:			
Contact name: Ken Gertz						
Address: 19200 SW 46th Ave						
City/State/ZIP: Tualatin, OR 97062-8770						
Phone: (503) 692-3390	Fax: (503) 692-5433					
E-mail: Ken@Gertzco.com						
CONTRACTOR			BUILDING PERMIT FEES*			
Business name: Gertz Construction Co Inc	C			r to fee schedule		
Address: 19200 SW 46th Ave			Fees due upon application	\$1,481	.//	
City/State/ZIP: Tualatin, OR 97062-8770			Amount received			
Phone: (503) 692-3390	Fax: (503) 692-5433	_	Date received:			
CCB lic.: 34350			This permit application ex	pires if a permit is not o	btained	
Authorized	•		within 180 days after it h	as been accepted as cor	npiete	

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

signature:

Print name:

Ken Gertz

05/20/19

Date:



Print name: W/15

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE	USE ONLY
Date Received:	Permit Mg.: 2019- 2993
Date Issued; (12 20)	Bir
	Payment Type:

O R E G O N	General Information (503) 526-2222 BeavertonOregon.gov
	TYPE OF WORK
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	Other:
CATE	GORY OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE	INFORMATION AND LOCATION
Job site address: 15310 50	2 VIllage LANC
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
Name: DRbbie W. Address: 15316 \$	PAGNEY
City/State/ZIP: Regulation	w Vallage Lane
Phone: 925 Pos	4122 Fax:
E-mail:	1 / 72
☐ APPLICANT	☐ CONTACT PERSON
Business name:	
Contact name: Address:	
City/State/ZIP:	
	Fax:
Phone:	1 GA.
E-mail:	CONTRACTOR
Susiana nama: Call	
Business name: FINE CVA A	
Address: 1246 SE	HARRONY Dr
City/State/ZIP: Milwauk	
Phone: 92/404 8584	Fax:
CCB lic.: 113 066	
Authorized signature:	·

Date:

`	Payment Type:		
	TAL 4 AND DEAS	WIN CONTRACT	
		WILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.			
Valuation			
Number. of bedrooms:			
Number of bathrooms:			
Total number of floors	s:		
New dwelling area:		square feet	
Garage/carport area:		square feet	
Covered porch area:		square feet	
Deck area:		square feet	
Other structure area:		square feet	
REQUIRED DATA	: COMMERCIAL	-USE CHECKLIST	
Permit fees* are based of Indicate the value (round materials, labor, overheat this application.	led to the nearest id, and the profit f	dollar) of all equipment, or the work indicated on	
Valuation	\$ 1200	o —	
Existing building area	•	square feet	
New building area:		square feet	
Number of stories:			
Type of construction:		·	
Occupancy groups:			
Existing:			
New:			
	NOTICE		
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:			
		:	
•			
BUILI	DING PERMIT F	EES*	
Pleas	e refer to fee sch	edule	
Fees due upon application	អា	469.33	
Amount received			
Date received:			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY		
Date Received:	Permit Ne: 2019 - 2969	
Date Issued:	(BV/C	
1/11/2019	Payment Type:	

O R E G O N Gene	eral Information (503) 526-2222 BeavertonOregon.ge		1/11/2019	Payment Ty	ype:	
TYPE (	OF WORK		REQUIRED DA	LTA: 1- AND 2	-FAMILY DWELLING	3
☐ New construction	☐ Demolition		Permit fees* are based Indicate the value (rour			
☑ Addition/alteration/replacement	Other:		materials, labor, overheathis application.			
CATEGORY OF	CONSTRUCTION		Valuation	<del></del>		
☐ 1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedroom	ns:		
☐ Accessory building	☐ Multi-family		Number of bathroon	ns:		
☐ Master builder	Other:		Total number of floo	ors:		
JOB SITE INFORMA	ATION AND LOCATION		New dwelling area:		square feet	
Job site address: 12725 SW Milikan Way			Garage/carport area		square feet	
City/State/ZIP: Beaverton / Oregon / 970	05		Covered porch area		square feet	
Suite/bldg./apt. no.: Suite 220	Project name: Congressional Office				•	
Cross street/directions to job site: SW Rose B	iggi Ave and SW Milikan Way	1	Deck area:		square feet	<b></b>
	Bonamici		Other structure area		square feet	
O. b. H. J. J.	Lot no.:		REQUIRED DAT		CIAL-USE CHECKLI	EEEC LOCALITY OF STREET
Subdivision:	LOCITIO		Indicate the value (rou	nded to the ne	arest dollar) of all equ	uipment,
Tax map/parcel no.:	ON OF WORK		materials, labor, overho this application.	ead, and the p	rolli for the work maic	ateu on
		.	Valuation	\$201	<b>1</b> 000 <b>1</b>	
Addition of storefront glass wall with office for security. The new door will			Existing building are	эа:	square feet	120
office for security. The new door will	Tidyo a magnotio accocc cara rea		New building area:	-	square feet	0
			Number of stories:			5
□ PROPERTY OWNER			Type of construction	n:	····	IB
Name: Gary Thompson			Occupancy groups:			В
Address: 12725 SW Millikan Way			Existing:			В
City/State/ZIP: Beaverton, OR 97176	<u> </u>		New:			В
Phone: (971) 246-0197	Fax: (503) 350-4052			NOTICE	E	
E-mail: gthompson@beavertonoregon	.gov		All contractors and sub	ocontractors ar	re required to be licen	sed with
☑ APPLICANT	☐ CONTACT PERSON		the Oregon Construction may be required to be	on Contractors	Board under ORS 70	01 and
Business name: Yost Grube Hall Archited	cture		being performed. If the following reasons appli	e applicant is e		
Contact name: Crystal Sanderson				<b>y</b> .		
Address: 707 SW Washington St. Suite	e 1200					
City/State/ZIP: Portland, OR 97205						
Phone: (503) 715-3225	Fax:					
E-mail: crystals@ygh.com						
CONTR	ACTOR		BU	ILDING PERM	WIT FEES*	
Business name CATA OF I	Seawrtm		Ple	ease refer to fe	e schedule	. ,
Address: .	-		Fees due upon applica	ation .	43.	6
City/State/ZIP:			Amount received		******	
Phone:	Fax:	[	Date received:	.,1000	******	
CCB lic.:			This permit applic	ation expires	if a permit is not ob	tained
Authorized Signature:	Demons				en accepted as com	

Date:

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTY Department Building Division SEE I:/BLDG DIV12W6GH Bullikar Way / PO Box 4755

beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

**OFFICE USE ONLY** Permit No.: B2019-2579 Date Received: 06/14/2019 Date Issued:

	beavertonOregon.geg
	TYPE OF WORK
New construction	Demolition
Addition/alteration/replacement	Other:
CATEGO	RY OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INF	FORMATION AND LOCATION
Job site address: 14870 SW Davis R	td .
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Lux Addition
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESC	RIPTION OF WORK
☑ PROPERTY OWNER Name: JEFFERY LUX	☐ TENANT
Address: 14870 SW DAVIS RD	
City/State/ZIP: BEAVERTON, OREC	GON
Phone: 503-267-5312	Fax:
E-mail:	
☐ APPLICANT	☐ CONTACT PERSON
Business name:	
Contact name:	4.00
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
	ONTRACTOR
Business name: JEFFERY LUX	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB (Ic.: Home Owner	
Authorized signature:	
Print name:	Date:

JEFFERY LUX

Taymont Type.	VI DH
REQUIRED DATA: 1- AND 2-FAM	IILY DWELLING
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit fe this application.	dollar) of all equipment,
Valuation	127,848.24
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet 1044
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-	USE CHECKLIST
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	dollar) of all equipment,
Valuation .	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required Oregon Construction Contractors Boar may be required to be licensed in the jurisc being performed. If the applicant is exempt following reasons apply:	d under ORS 701 and diction in which work is
BUILDING PERMIT F	edule
Fees due upon application	981.58
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Building Permit Application

Community and Economic Development
PO 80x 4765, Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
Internet address: www.BeavertonOregon.gov

OFFICE USE ONLY				
Date Received: 07/1	1/2019 _	Permit No. B2019-2971		
Date Issued:	(	AU		
		Payment Type:		

	TYPE OF WORK
New construction	☐ Demolition
☑ Addition/alteration/replacement	Other:
CATEGO	DRY OF CONSTRUCTION
1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE IN	IFORMATION AND LOCATION
Job site address: 9100 SW Gemini Drive	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 1st floor	Project name: Cybertron Expansion
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
PROPERTY OWNER  Name:	<b>□</b> TENANT
Name: Address:	<b>□ TENANT</b>
Name: Address: City/State/ZIP:	TENANT.
Name: Address: City/State/ZIP: Phone:	
Name: Address: City/State/ZIP: Phone: E-mail:	
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT	Fax:
Name: Address: City/State/ZIP: Phone: E-mail:	Fax:
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT Business name:	Fax:
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT Business name: Contact name:	Fax:
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT Business name: Contact name: Address:	Fax:
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Contact name: Address: City/State/ZIP:	Fax:
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Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone:	Fax:    CONTACT PERSON.    Fax:
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: E-mail:	Fax:    CONTACT PERSON
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: E-mail:  Business name: Capitol Electric Company, inc	Fax:    CONTACT PERSON
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: E-mail:  Business name: Capitol Electric Company, inc. Address: 11401 NE Marx Street	Fax:    CONTACT PERSON.    Fax:
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: E-mail:  Business name: Capitol Electric Company, inc. Address: 11401 NE Marx Street City/State/ZIP: Portland, OR 97220	Fax:  CONTACT PERSON  Fax:  CONTRACTOR
Name: Address: City/State/ZIP: Phone: E-mail:  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: E-mail:  Business name: Capitol Electric Company, inc. Address: 11401 NE Marx Street  City/State/ZIP: Portland, OR 97220  Phone: (503) 255-9488  CCB Ilc.: 48748	Fax:  CONTACT PERSON  Fax:  CONTRACTOR

NICET Level III, Fire Alarms

Shane Tercek

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REQUIRED DATA: 1- AND 2-FAMI	
Permit fees* are based on the value of the Indicate the value (rounded to the nearest of materials, labor, overhead, and the profit for this application.	lollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet -
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-	3.300,000,000
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit fo this application.	dollar) of all equipment,
Valuation	\$810
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required the Oregon Construction Contractors Boar may be required to be licensed in the jurisd being performed. If the applicant is exempt following reasons apply:	d under ORS 701 and diction in which work is
BUILDING PERMIT. F	
Fees due upon application	\$115.42
Amount received	_

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

07/10/19

APPROVED

## ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

signature:

Print name:

velopment Department Bullding Division an Way / PO Box 4755 Beaverton, OR 97076

General Information (503) 526-2222

e Issued:

RECELL

OFFICE USE ONLY
2019 | Permit No. B2019-2535 | \_\_\_\_

BeavertonOregon.gov BU TYPE OF WORK □ Demolition ☑ New construction Other: ☐ Addition/alteration/replacement CATEGORY OF CONSTRUCTION ☑ Commercial/industrial 1- and 2-family dwelling ☐ Multi-family ☐ Accessory bullding ☐ Other: ☐ Master builder JOB SITE INFORMATION AND LOCATION Job sile address: 15655 NW BLUERIDGE DR city/State/ZIP: Beaverton, OR Project name: Cornell Oaks Hotels Suite/bidg /apt, no.: Cross street/directions to job site: Parcels between NW 158th Ave, NW Blueridge Dr. and NW Greenbrier Pkwy Lot no.: 01200, 01100, 01000 Subdivision: Tax map/parcel no.: 1N132CA DESCRIPTION OF WORK Construction of underground fire lines for the Element, Marriott AC, and two restaurant buildings. PROPERTY OWNER ☐ TENANT Name: Bob Kellam, Brandt Hospitality Group Address: 2640 47th Street S City/State/ZIP: Fargo, ND 58104 Fax: Phone: (701) 551-8907 E-mail: bob.kellam@brandthg.com O CONTACT PERSON ☑ APPLICANT Business name: Kimley-Horn & Associates Contact name: Ryan Blaser Address: 215 South State Street, Suite 400 City/State/ZIP: Salt Lake City, UT 84111 Phone: (385) 831-2007 Fax: E-mail: ryan.blaser@kimley-horn.com CONTRACTOR Business name: Goodfellow Bros. LLC Address: 7515 NE Ambassador Pl., Suite E City/State/ZIP: Portland, OR 97220 Fax: Phone: (360) 979-3252 CCB lic.: 222458 Authorized

Date:

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OF BEAVERTON Payment Type:		
DING DIVISIONATA: 1- AND 2-FAI	WILY DWELLIN	IG .
Permit fees' are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit this application.	l dollar) of all eq	uipment,
Valuation		
Number, of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area;	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIAL		
Permit fees' are based on the value of the Indicate the value (rounded to the neares materials, labor, overhead, and the profit this application.	t dollar) of all ed	quipment,
Valuation	9	50,000
Existing building area:	square feet	N/A
New building area:	square feet	70,000
Number of stories: 4 (hote	ls); 1 (resta	aurants)
Type of construction:		Hotel
Occupancy groups:		
Existing:		N/A
New: Res	idential Gr	oup R-1
NOTICE		
All contractors and subcontractors are rethe Oregon Construction Contractors Bos may be required to be licensed in the juri being performed, if the applicant is exem following reasons apply:	ard under ORS : sdiction in which	701 and work is
BUILDING PERMIT  Please refer to fee so  Fees due upon application		05
Amount received	T ***	
Date received:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Beaverton

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

O:	FICE USE ONLY
Date Received: 5-13-19	9 Permit No.: 82019 - 2010
Date Issued: 7	Py//
111/2019	Payment Type:

General Information (503) 526-2222 Beaverton Óregon, gov TYPE OF WORK ☐ New construction ☐ Demolition Addition/alteration/replacement (DOTher. CATEGORY OF CONSTRUCTION 1 1- and 2-family dwelling ☐ Commercial/industrial C Accessory building Multi-family Master builder Other: JOB SITE INFORMATION AND LOCATION Job site address: teal City/State/ZIP: Suite/bidg./apt. no. Project name: Cross street/directions to job site: Subdivision: 1320000 400 Lot no.: 15 Tax map/parcel no.: DESCRIPTION OF WORK PROPERTY OWNER ☐ TENANT Name: Address: City/State/ZtP: Phone: E-mal(: aikina njev 10 W EL APPLICANT CONTACT PERSON Business name: Contact name: Address: City/State/ZIP: Phone: Fax: E-mail: CO(2)CONTRACTOR Business name: Address: City/State/ZiP: Phone: CCB lic.: Authorized signature: Print name: Date:

		102/			
	11110019	Payment Type;			
7	REQUIRED DAT	FA: 1- AND 2-FAMILY DWELLING			
	Permit fees* are based of	on the value of the work nadamed			
1	materials, labor, overhea this application.	led to the nearest dollar) of all equipment, and the profit for the work indicated on			
1	Valuation				
	Number, of bedrooms				
1	Number of ballmoms				
1	Total number of floors				
	New dwelling area:	square feet			
	Garage/carport area:	square feet			
	Covered porch area:	square feet			
	Dack area:	square feet			
	Other structure area:	square feet			
	REQUIRED DATA:	COMMERCIAL-USE CHECKLIST			
	Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.				
	Valuation 80	105			
L	Existing building area:	square feet			
	New building area:	square feet			
	Number of slories:				
	Type of construction:	<del></del>			
Γ	Occupancy groups:				
	Existing:				
	New:				
	NOTICE				
r	nay be required to be licens	ractors are required to be licensed with intractors Board under ORS 701 and sed in the jurisdiction in which work is cant is exempl from licensing, the			
	BUILDING	3 PERMIT FEES*			
	Please re	fer lo fee schedule			
Fe	es due upon application				
Ar	nount received				
Da	ile received:				
	The	<u> </u>			

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Form B70-1001

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

0	FFICE USE ONLY
Date Received: 5 - 13 -	-19 Permil No.: B2019-1013
Date Issued:	Mr.
111/2019	Paymont Type:

BeavertonCregon.gov   PILLIDID Provided From the Control of the Co	O R E G O H Gene	eral Information (503) 526-2222	Date Issued:	7	2010	ON
Dew construction		Beaverton Óregon, gov	<u> </u>	- 1111	2019	Paymont Type:
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CATEGORY OF CONSTRUCTION    Commendation   Commenda	Addition/alteration/replacement	DOther:		11101683	ais, iauor, overnea	ed to the nearest dollar) of all equipment d, and the profit for the work indicated or
Discontinuity develops	CATEGORY OF	CONSTRUCTION		dite ab	phoaton,	
Marther of baltycome:    Master builder	☐ 1- and 2-family dwelling	☐ Commercial/Industrial		ļ——		
JOB STEE INFORMATION AND LOCATION Job alto address: 15 DBC	Accessory bullding	郊 Multi-family		<del> </del>		
Job also address: \$50	☐ Master builder	☐ Other:		ļ		
City/State/ZIP: BROWNER OF A TOO T  Subtribidg Appt. no. (3)   524   Project name: Give of the Covered porch area: square feet  Covered porch area: square feet  Covered porch area: square feet  Deck area: square feet  Covered porch	JOB SITE INFORMAT	ION AND LOCATION ,		Tota	al number of floors:	
Subdivision:   Project name:   Project name:   Quite Park"    Cross streak/directions to job eite:   Deck area:   square feet    REURED DATA: COMMERCIAL-USE CHECKUST    Recurrent feet are based on the value of the work performed, indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (counded to the nearest deliter) of all equipmed. Indicate the value (the value) of all equipmed. Indicate the value (the value) of all equipmed. Indicate the value (the value) of all equipmed (the value) of all equipmed (the value)	Job site address: 15284; w	teal Blvd		New	dwelling area;	square feet
Sultabilidad plant, no. (31) 15 74   Project name: And over Park  Cross street/direct/one to fine site:  Teal BNC  Subdivision: RS   Lot no.: 15 13,2000 4 (11)  Tax map/parcel no.:  DESCRIPTION OF WORK    100 90   Siding   Project name: And over the subdivision of the value of the work porformed materials, labor, overhead, and the profit for the work indicated on the subdivision of the work indicated on	- UNWORK I OVI (II	2, 97007		Gara	ige/carport area:	square feet
Subdivision: R S   Lot no.:   5   7,2000 400    DESCRIPTION OF WORK    00 90 5 iding replacement (havaing)   18 6 feet + 1 9 with 9,30 feet   18 f	Suite/bldg./apt. no.:(31) 15 2-3-1		50 × V	Cove	ered porch area;	square feet
Subdivision: R S   Loino: 15 7 2.000 400    Tex mapparcel no.:  DESCRIPTION OF WORK    100 96	Cross street/directions to job site:	<u> </u>		Deck	Carea;	square feet
Subdivision: R S   Loino: 15 7 2.000 400    Tex mapparcel no.:  DESCRIPTION OF WORK    100 96	Teal V	3/1/2		Othe	r structure area;	square feat
DESCRIPTION OF WORK    100 90 5 iding (				RI	EQUIRED DATA:	COMMERCIAL-USE CHECKLIST
DESCRIPTION OF WORK    100 96 Siding ( P) a ( PMP)	Tax map/parcel no.:	COLUMN 12 12 12 2000 40	(2	mucau	anneton autov ent	I to the negrapt delical et all a mile.
Valuation   Valu	The state of the s	OF WORK		(thirte)(a)	e. isbor, overnead,	and the profit for the work indicated on
X & C & delt + 1 & With 9, 15" (6" x x x x x x x x x x x x x x x x x x x						.105
Name: Property owner   Tenant   Tenant   Tenant   Type of construction:  Occupancy groups:  DiffyState/ZIP: Provertor of 97007  All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Co	The select 1 to 1 to	(Poment. (haugi	na	Existi	ng bullding area:	Square feet
Name: Property owner   Tenant   Tenant   Tenant   Type of construction:  Occupancy groups:  DiffyState/ZIP: Provertor of 97007  All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Co	188 craen + 19 WITL	9.75" (8"4),2050,~e)	) /	New t	ouliding area;	
Type of construction:  Occupancy groups:  Existing:  Notice  Sity/State/ZIP:  All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and any be required to be licensed in the United to the Constact or Board under ORS 701 and any be required to the United	navy. & Plank Crofarm;	11 1ap 5: 1, ng		dmuN	er of stories;	-4100
Occupancy groups:    College   Colle		☐ TENANT		Туре	of construction:	
Existing:    Contract    - TANK I TO I LL				· · · · · · · · · · · · · · · · · · ·		
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NOTICE  APPLICANT  CONTACT PERSON  Unliness name:  AY 10 M AV	S S S A F L L L L L L L L L L L L L L L L L L	77007			· -	
All contractors and subcontractors are required to be licensed with the Oregon Construction Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  All contractors and subcontractors are required to be licensed with the Oregon Construction Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  All contractors and subcontractors are required to be licensed with the Oregon Construction Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:  Building Permit FEES*  Please refer to fee schedule  Fees due upon application  Amount received  Date received:  This permit application expires if a pagent to not a the license divided to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors are required to be licensed with the Oregon Constructors are required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:   Buildings The Oregon Constructors are required to be licensed with the Oregon Constructors are required to be licensed with the Oregon Constructors are required to be licensed with the Oregon Constructors are required to be licensed with the Oregon Constructors are required to be licensed with the Oregon Constructors are required to be licensed with the Oregon Constructors are required to be licensed with the Oregon Constructors are required to be licensed with the Oregon	- 3-3-3-8-34-10-4P-20-11		8 1		-,	MOTOR
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Indicess: 5609 Apt F Forth, 16 PROPERTY	MYYOW DV. Ching	Company LLC	5 1 1	DV ##11 DC 11	widhu, is ine annii	ed in the Jurisdiction in which work is cant is exempt from licensing, the
This permit application expired for the first and the firs	- Gast Wacking			miewing i	easons apply:	The state of the s
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siness name:  Game application  Please refer to fee schedule  Please refer to fee schedule  Fees due upon application  Amount received  Date received:  This permit application expires it a parmit is not obtained.	- CAMANO	Vildiving (O				
dress:  dress:  please refer to fee schedule  Fees due upon application  Amount received  Date received:  This permit application expires if a parmit is not obtained.		R			BUILDING	PERMIT FEES*
Fees due upon application  Attount received  Date received:  This permit application expires if a parmit is not obtained.	- 27 MYVIE VI	2 applicant		<del></del>	Please rei	er to fee schedule
one:    Fax:   Amount received		• //	<u> </u> F	aes due u	pon application	
B lic.: 225 5 5 7  This permit application expires if a parmit for not obtained.			A	mount rec	elved	
This permit application expires if a parmit is not obtained	10	X	0	ale recelv	red:	
nature: within 180 days after it has been accepted as complete				This per	mit application ex	pires if a parmit is not attention
	nature: Juney 72	Williams		within	180 days after it h	as been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

	OFFICE	USE ONLY
Date Received: 5 -1	3-19	Permit No.: 12019 -2037
Date Issued:		BY DEST
L(/ <b>[1</b> ]	2019	Payment Type:

	BeavertonOregon,gov	Payment Type:	i
	PE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELL	t Nic
☐ New construction	☐ Demolition	Permit fees" are based on the value of the west and	
Addition/alteration/replacement	Pother: Kill	materials, labor, overhead, and the profit for the work is	
CATEGOR'	Y OF CONSTRUCTION	and application.	HOICAIGH O
☐ 1- and 2-family dwelling	☐ Commercial/industrial	Valuation	
☐ Accessory building	Multi-family	Number, of bedrooms:	
☐ Master builder	Olher;	Number of ballnooms:	***************************************
JOB SITE INFO	RMATION AND LOCATION ,	Total number of floors:	
Job site address: 15278	ow teal Blvd	New dwelling area: square feet	· <del></del>
Clly/State/ZIP: Brayerton	^	Garage/carport area: square feet	
Sulte/bldg./apt. no.; (27) 152 78	<del></del>	Covered	
Cross street/directions to job site:	Project name: AINTOUPE Park	Dack areas	<del></del>
1	(a) . ()	odvare rect	
Cal	15100	Other structure area: squere feet	
Subdivision: R. 5	Lot no.: 151320000 400	REQUIRED DATA: COMMERCIAL-USE CHECK	LIST
Tax map/parcel no.:	PHON OF WORK	Permit fees* are based on the value of the work perform Indicate the value (rounded to the nearest dollar) of all e- materials, tabor, overhead, and the profit for the work Inditing application.	
T		Valuation 80 10 5	·
10070 siding rp	placement. (hanging	Existing building area:	
INScedent + \$ 9 Wil	16 9.75" (diexopsure)	Mour building and	
hardie Plunk Codary	mill lar silling	adhate test	
C) PROPERTY OWNER	[] TENANT	Number of stories:	
Name: Prime Teal, Li	/	Type of construction:	
Address: G 245	7 24 0 10	Оссиралсу дгочря:	
City/State/ZIP: Brayer Low	2 0 7 007	Existing:	
Phone: 432 (152 - 1.41)	Fax: 9df ( 222 / 20 / 2	New;	·
E-mall: Stott ackinant		NOTICE	
St. APPLICANT	CONTACT PERSON	All contractors and subcontractors are required to be licen	send with
Susiness name: 21 A . C. I. S. A. C. I. S.		may be required to be licensed to the lucedisting to which	01 and
Contact name: 1 - 1 - 1 - 1 - 1 - 1	29 Company ILL	being performed. If the applicant is exempt from licensing, following reasons apply:	work is , the
ddress: Cand Mai	The first terms of the first ter	The state of the s	
SIV FORFE	Epoth, 16 191791 Rd		i
hone: LIG SIG - DILE	0, OR 97304	,	
-maik: (3 6 by (2)	Fax: 949-272-6795		
		·	
CONTR		BUILDING PERMIT FEES*	
isiness hame: Game	95 applicant	Please refer to fee schedule	
Idress:		Fees due upon application	
iy/Slate/ZIP:		Amount received	
one:	Fax:	Date received:	
CB IIc.: 225 513 7			
thorized A time! -	must )	This permit application expires if a permit is not obtain within 180 days after it has been accepted as compli-	ined ete
nt name:	1 Value	* Fee methodology set by Tri County Butter-	

Fee methodology set by Trl-County Building Industry Service Board

Form B70-1001

Beaverton

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

		OFFICE	USE ONLY
Date Received	913	019	Permit No.: 4210 10-326
Dale issued:			DW - 17 17
	HC	12019	Payment Type:

General Information (503) 526-2222 Beaverton Oregon, gov L TYPE OF WORK ☐ New construction ☐ Demolillan XI Addition/alteration/replacement (DOther: CATEGORY OF CONSTRUCTION 1- and 2-family dwelling Commercial/Industrial Accessory building ☑ Multi-family ☐ Master builder Other: JOB SITE INFORMATION AND LOCATION Job sile address: City/State/ZIP: 9 00 Sulte/bldg./apt. no. Project name: Cross street/directions to job site: eal Subdivision: Lot no.: | C 320000 400 Tax map/parcel no.: DESCRIPTION OF WORK (3) PROPERTY OWNER TENANT Name: Address: City/State/ZIP: Phone: Fax: Odi E-mail: primago Low EL APPLICANT CONTACT PERSON Business name: Contact name: Address: City/State/ZIP; Phone: E-mail: COW CONTRACTOR Business name: Address: City/State/ZIP: Phone: Fax: CCB llo.: Authorized signature: Print name: Date:

	11117112				
_	11112011	Payment T	Гуре;	_	
	REQUIRED DAT	A: 1- AND ;	2-FAMILY DWELLING	_	
	Permit fees* are based of	n the value	of the work performed. Barest dollar) of all equipment, profit for the work indicated on		
	Valuation	<del>~</del>		_	
,	Number, of bedrooms:			-	
	Number of bathrooms;				
	Total number of floors:			_	
	New dwelling area;		square feet	-	
	Garege/carport eree:		square feet	-	
	Covered porch area:		square feet	-	
	Deck area;		square feet	-	
	Other structure area:		square feet	-	
-	REQUIRED DATA: (	COMMERCI	IAL-USE CHECKLIST	-	
	Permit fees* are based on indicate the value (rounder materials, labor, overhead, this application.		the work performed. rest dollar) of all equipment, all for the work indicated on		
L	Valuation	6	30 105	J	
L	Existing building area:		square feet	ĺ	
L	New building area:		square feet	l	
L	Number of stories:				
	Type of construction:				
	Occupancy groups:				
<b></b> .	Existing:				
	New:				
_		NOTICE			
m	If contractors and subcontrate Oregon Construction Con ay be required to be licensising performed. If the applicationing reasons apply:	Rifactors Bo:	ard under ORS 701 and		
		, house or perha			
	BUILDING PERMIT FEES*				
_					
-		er to fee sch	edule		
eı		er to fee sch	1		
_	Please refe	er to fee sch	1,186.10		

This permit application expires it a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Dale received;



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 Canaral Information (503) 526-2523

OFFICE	USE ONLY
Date Received:	Permit No 2019-19 72
Date Issued; //// 2015	
	Payment Type;

( , , , , , , , , , , , , , , , , , , ,	Bosyston Oragon	Primari Turi		
44.7	Beaverton Óregon, gov	Payment Type:		
☐ Naw construction		REQUIRED DATA: 1- AND 2-FAMILY	/ DWELLING	
<del></del>	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment and the performance of the permit feet		
X Addition/alteration/replacement	Poster Kill	materials, labor, overhead, and the profit for the this application.	ie work indicaled	
	OF CONSTRUCTION	Valuation		
1 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:		
Accessory building	₩ Mulli-family			
☐ Master builder	C) Other:	Number of bathrooms:		
JOB SITE INFOR	RMATION AND LOCATION	Total number of floors:		
Job alte address: [5218]	w teal Blad	New dwelling area: squ	iare feet	
Clty/State/ZIP: Braverton	OR, 97007	Garage/carport area: squ	iare feet	
Suite/bldg./apt. no.: (7)   52   8	Project name: Aindover Park	Covered porch area: squ	are feet	
Cross street/directions to job site:	O CONTRACTOR OF THE PARTY OF TH	Deck area: squ	are feet	
Teal	13/1/2	Olheratoratura	are feet	
	VIV	REQUIRED DATA: COMMERCIAL-USE		
Subdivision: (2.5)	Lot no.: 15132000 400	Perroll fees' are bused on the university		
Tax map/parcel no.:		malerials, labor, overhead, and the profit for the		
	TION OF WORK	ans application,	NOW MINICARED D	
10090 Siding rap	clarement. Changing	Valuation 80,70	<u> </u>	
128 stder + \$ 9 Wit	L 9.25" (dien pocure)		ire feet	
hard: e Plank Crolara	4 1 1006 6 10 00	New building area: squa	ire feet	
(3) PROPERTY OWNER	TENANT	Number of stories:		
Name: Prime Teal, LL	/ LI TENANT	Type of construction:		
Address: IC DELL'S		Occupancy groups:		
City/State/ZIP: Q = V = 1   C   C	1 Cal_11/V.C.	Existing:		
Phone: 427 (47)	100 t	New:		
313 8 34 - 674 P D	Fax: 949.2726798	NOTICE	<del></del>	
SLOTE OIKING ME			<del> </del>	
usiness name:	CONTACT PERSON	All contractors and subcontractors are required to the Oregon Construction Contractors Board unde		
CIVITU DV. CIV	a Company LLC	being performed if the applicant is everything	مقانينية	
ontact name: Gabe Macki	100	following reasons apply:		
ddress: 5009 Apt F	ooth, 16 Boot Rd			
	0, OR 97304	7		
ione: 115-519-0110	Fax: 949-272-6795	7		
mail: a abop (2) are aw	bulding (0	<sup>2</sup>		
CONTRA	CTOR	BUILDING PERMIT FEES*	<del></del>	
siness name: Gamp	95 applicant	Please refer to fee schedule	<del></del>	
dress:	· Pfin can	Feas due upon application	100 0 00	
//State/ZIP:		1//	86110	
one:	Fax:	Amount received		
BILC: 2255137		Date received:		
horized hature;	Must )	This permit application expires if a permit is a within 180 days after it has been accepted a	ot obtained s complete	
t name;	Date:	* Fee methodology set by Tri-County Buildin		

Date:

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
Beaverton Cregon gov

	OFFICE	USEONLY
Date Received 9	2019	Permit No 2019, 1970
Date Issued:	L 7	(Pyr)
<u> </u>	2019	Payment Type:

	BeavertonOregon.gov L		4111/2019_	Payment 7	уре:
TYPE O	F WORK	7 [	REQUIRED D	ATA: 1. AND	2-FAMILY DWELLING
☐ New construction	☐ Demolition	-	Permit fees* are baser	on the value	of the work warfs
図 Addition/alteration/replacement	Plother William	-	materials, labor, overh	NARO to the so	or the work performed, arest dollar) of all equipme roult for the work indicated
CATEGORY OF	CONSTRUCTION	7	this application. Valuation		
☐ 1- and 2-family dwelling	☐ Commercial/industrial	}		***	
Accessory bullding	🔀 Mulli-family	<del>-</del> 1	Number, of bedroon		
Master bullder	☐ Other:	<del>-1</del>	Number of ballmoon		
JOB SITE INFORMATI	ON AND LOCATION	<b>- </b>  -	Total number of floo	rs:	
Job site address: 16222 5w	teal Blud	┧┞	New dwelling area:		square feet
Clty/State/ZIP: Braterton OF	3,97007	<b>┤</b>	Garage/carport area	:	square feet
Sulte/bldg./apt. no.: 6 15 222	Project name: AIND VCV Par Y	<u> </u>	Covered parch area;		square feet
Cross street/directions to job site:	0	7 L	Deck area;		square feet
Teal 12	2 No.X	1 L	Other structure area:		square feet
Subdivision: (7 C		4 [	REQUIRED DATA	: COMMERC	IAL-USE CHECKLIST
Tax map/parcel no.:  DESCRIPTION	Lot no.: 15 132000 400	l n	Permit fees' are based on	on the value of	the work performed. est dollar) of all equipmen (il for the work indicated or
	###	-  [v	'aluallon		30.105-
INSCEDENT + 7 G WITH	9.75" (giryposure)		Existing building area		square feet
landia of the	1.45" (8"exposure)		New bullding area:	·—-··	square feel
MUNITEPIUNK Crofarmi	11 1ap 5: Ning		Number of stories:		
Name: 2 To 1 1	[] TENANT		Type of construction:	···	
Address: IC 2013		] [	Occupancy groups:	· · · · · · · · · · · · · · · · · · ·	
City/State/ZIP: 2 × × 0 1 2 × 0	al 131/01		Existing:	····	
Change C 3 2 A C F F C V 1 O F C	1-1007		New:		
	ax: 9999.2726798	]	<del></del>	NOTICE	THE THE THE THE THE THE THE THE THE THE
EL APPLICANT	rimegrp, com	All	contractors and subsect	·	equired to be licensed with
Business name:	CONTACT PERSON				quired to be licensed with ard under ORS 701 and isdiction in which work is
MALON DV. Chrid	company LLC	1 1 00	ing performed. If the ap owing reasons apply;	nsea in the jur plicant is exen	isdiction in which work is ip! from licensing, the
GADY WACKING			owing reasons apply:		
500 FIFT F OF	14, 16 1900 Kd		,		
Phone: 111C C. C. C.	1 OR 97304		÷		
-mail: 4 ch (6)	× 949-272-6795				
CONTRACTOR	Vildivia: (O	<u> </u>			
uningga annua				VG PERMIT	
ddress:	2 applicant	-	Please i	reler to fee sci	
ity/State/ZIP:	· v	Fee	s due upon application		1.186.10
		Amo	ount received		
OB IIc.: 22552	X:	Date	received:		
ilhorized No. 15 T	1 A	Ti	his permit application Within 180 days after i	expires if a p has been ac	ermit is not obtained cepted as complete
int same:	· w //				

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Authorized signature:

Print name:

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD

OFFICE	USE ONLY
Date Receive 07/10/2010	Permit Nc B2019-2952
Date Issued:	
CITY OF BEAVERTON	Payment Type:

	BUIL BUIL
ТҮРЕ	OF WORK
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:
CATEGORY	OF CONSTRUCTION
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	Multi-family
☐ Master builder ·	Other:
JOB SITE INFOR	MATION AND LOCATION
Job site address: 15835 SW Bridle Hills	Drive ,
City/State/ZiP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Keifer Residence
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIP	TION OF WORK
4.76 kW AC Roof mounted solar system	
4.76 kW AC Roof mounted soler system  ZI PROPERTY OWNER	☐ TENANT
	☐ :TENANT
☑ PROPERTY OWNER	
Mame: Andrea Keifer  Address: 15835 SW Bridle Hills Drive	
PROPERTY OWNER:  Name: Andrea Keifer  Address: 15835 SW Bridle Hills Drive  City/State/ZIP: Beaverton, OR 97007	
Name: Andrea Keifer Address: 15835 SW Bridle Hills Drive City/State/ZIP: Beaverton, OR 97007 Phone: (503) 887-0728	
PROPERTY OWNER:  Name: Andrea Keifer  Address: 15835 SW Bridle Hills Drive  City/State/ZIP: Beaverton, OR 97007	
Name: Andrea Keifer Address: 15835 SW Bridle Hills Drive City/State/zip: Beaverton, OR 97007 Phone: (503) 887-0728 E-mail: mamak1717@yahoo.com	Fax:
Name: Andrea Keifer Address: 15835 SW Bridle Hills Drive City/State/ZIP: Beaverton, OR 97007 Phone: (503) 887-0728 E-mail: mamak1717@yahoo.com	Fax:
Name: Andrea Keifer Address: 15835 SW Bridle Hills Drive City/State/ZIP: Beaverton, OR 97007 Phone: (503) 887-0728 E-mail: mamak1717@yahoo.com	Fax:
Name: Andrea Keifer  Address: 15835 SW Bridle Hills Drive City/State/ZIP: Beaverton, OR 97007 Phone: (503) 887-0728 E-mail: mamak1717@yahoo.com  Clapplicant Business name: Elemental Energy Contact name: John Grieser  Address: 6819 SE Foster Rd	Fax:
Name: Andrea Keifer Address: 15835 SW Bridle Hills Drive City/State/ZIP: Beaverton, OR 97007 Phone: (503) 887-0728 E-mail: mamak1717@yahoo.com APPLICANT Business name: Elemental Energy Contact name: John Grieser Address: 6819 SE Foster Rd City/State/ZIP: Portland, OR 97206	Fax:
Name: Andrea Keifer  Address: 15835 SW Bridle Hills Driver City/State/ZIP: Beaverton, OR 97007  Phone: (503) 887-0728  E-mail: marmak1717@yahoo.com  Ci=APPLICANT  Business name: Elemental Energy Contact name: John Grieser  Address: 6819 SE Foster Rd City/State/ZIP: Portland, OR 97206  Phone: (503) 967-5786	Fax:    CONTACT PERSON
Name: Andrea Keifer  Address: 15835 SW Bridle Hills Drive City/State/ZIP: Beaverton, OR 97007  Phone: (503) 887-0728  E-mail: mamak1717@yahoo.com  ———————————————————————————————————	Fax:    CONTACT PERSON   Fax:
Name: Andrea Keifer  Address: 15835 SW Bridle Hills Drive City/State/ZIP: Beaverton, OR 97007  Phone: (503) 887-0728  E-mail: mamak1717@yahoo.com  ———————————————————————————————————	Fax:    CONTACT PERSON     Fax:   Pax:
Name: Andrea Keifer  Address: 15835 SW Bridle Hills Driver City/State/ZIP: Beaverton, OR 97007  Phone: (503) 887-0728  E-mail: marmak1717@yahoo.com  Ci=APPLICANT  Business name: Elemental Energy Contact name: John Grieser  Address: 6819 SE Foster Rd City/State/ZIP: Portland, OR 97206  Phone: (503) 967-5786  E-mail: permits@elementalenergy.n	Fax:    CONTACT PERSON     Fax:   Pax:
Name: Andrea Keifer  Address: 15835 SW Bridle Hills Driver City/State/ZIP: Beaverton, OR 97007  Phone: (503) 887-0728  E-mail: marmak1717@yahoo.com  Ci=APPLICANT  Business name: Elemental Energy Contact name: John Grieser  Address: 6819 SE Foster Rd City/State/ZIP: Portland, OR 97206  Phone: (503) 967-5786  E-mail: permits@elementalenergy.n  con Business name: Elemental Energy  Address: 6819 SE Foster Rd	Fax:    CONTACT PERSON
Name: Andrea Keifer Address: 15835 SW Bridle Hills Drive City/State/ZIP: Beaverton, OR 97007 Phone: (503) 887-0728 E-mail: mamak1717@yahoo.com  Disapplicant Business name: Elemental Energy Contact name: John Grieser Address: 6819 SE Foster Rd City/State/ZIP: Portland, OR 97206 Phone: (503) 967-5786 E-mail: permits@elementalenergy.n  con Business name: Elemental Energy	Fax:    CONTACT PERSON     Fax:   Pax:

Date:

ING PRESSIRED DATA: 1- AND 2-FAMILY DWELLING Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. \$7,000 Valuation Number, of bedrooms: Number of bathrooms: Total number of floors: square feet New dwelling area: Garage/carport area: square feet Covered porch area: square feet square feet Deck area: square feet Other structure area: REQUIRED DATA: COMMERCIAL USE CHECKLIST Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation Existing building area: square feet square feet New building area: Number of stories: Type of construction: Occupancy groups: Existing: New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES\* Please refer to fee schedule 128.80 Fées due upon application Amount received Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Bullding

Industry Service Board



Ruben Valdez

Print name:

#### Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY			
Date Received:	Permit No 2019. 2964		
Date Issued:	(/B/		
	Payment Type:		

	BeavertonOregon.gov L	
\\\	E OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
☐ New construction	☑ Demolition	Permit fees* are based on the value of the work performed.  Indicate the value (rounded to the nearest dollar) of all equipm
☐ Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the profit for the work indicated this application.
CATEGORY	OF CONSTRUCTION	Valuation \$17,0
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	Other:	Total number of floors:
JOB SITE INFOR	MATION AND LOCATION	New dwelling area: square feet
Job site address: 13855 Secretariat La	ine	Garage/carport area: square feet
City/State/ZIP: Beaverton, OR 97008		
Suite/bldg./apt. no.:	Project name:	Covered porch area: square feet
Cross street/directions to job site:		Deck area: square feet
		Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed.  Indicate the value (rounded to the nearest dollar) of all equipm
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated this application.
DESCRI	PTION OF WORK	Valuation
Permit for demolition of fire dama	ge	Existing building area: square feet
		New building area: square feet
		Number of stories:
	☐ TENANT	Type of construction:
Name: Ruben Valdez		Occupancy groups:
Address: 13855 SW Secretariat Lar	16	
City/State/ZIP: Beaverton, OR 97008		Existing:
Phone: 405-664-7605	Fax:	New:
E-mail: rubenvaldez3557@comcas		NOTICE
☐ APPLICANT	□ CONTACT PERSON	All contractors and subcontractors are required to be licensed the Oregon Construction Contractors Board under ORS 701 a
Business name:		may be required to be licensed in the jurisdiction in which wor being performed. If the applicant is exempt from licensing, the
Contact name: same as owner		following reasons apply:
Address:		
City/State/ZIP:		
Phone:	Fax:	
E-mail:		
	ITRACTOR	BUILDING PERMIT FEES*
Business name: Same as owner		Please refer to fee schedule
Address:		Fees due upon application 278.2
City/State/ZIP:		Amount received
	Fax:	Date received:
Phone:		
CCB lic.:		This permit application expires if a permit is not obtain within 180 days after it has been accepted as comple
Authorized signature:		The state of the s

 Fee methodology set by Tri-County Building Industry Service Board



Print name:

ALEX MALLETT

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon.gov

OFFICE USE ONLY			
Date Received: 12-11-18	Permit No.: B2018-5880		
Date Issued:	(BV)		
710/2019	Payment Type:		

	BeavertonOregon.gov	
TYPE O	F WORK	REQL
☐ New construction	☐ Demolition	Permit fees* a
☑ Addition/alteration/replacement	materials, lab	
CATEGORY OF	CONSTRUCTION	Valuation
1- and 2-family dwelling	☑ Commercial/industrial	Number. o
☐ Accessory building	☐ Multi-family	Number o
☐ Master bullder	Other:	Total num
JOB SITE INFORMA	TION AND LOCATION	New dwell
Job site address: 14831 SW Teal Blvd.		Garage/ca
City/State/ZIP: Beaverton, OR 97007		
Suite/bldg./apt. no.:	Project name: Murrayhill Veter. Hosp.	Covered p
Cross street/directions to job site: SW Teal Blv	d & SW Murray Blyd	Deck area
GVV Total Biv	a a orr warray bira	Other stru
		REQUI
Subdivision: (Murrayhill Marketplace)	Lot no.:	Permit fees* Indicate the
Tax map/parcel no.: 1S132AD00300		materials, lab
DESCRIPTIO	N OF WORK	Valuation
Interior expansion w/ minor renovation	n in existing suite consisting of	Existing b
existing office (group 'B' Occupancy)	, Existing electrical service to remain.	New build
Existing mechanical roof top units to expansion area. Existing suite will ha	ve minor reworking of exist. ductwork.	Number o
☑ PROPERTY OWNER	☐ TENANT	Type of co
Name: Regency Centers		Occupano
Address: 5335 sw Meadows suite 295		Existi
City/State/ZIP: Lake Oswego OR 97035		New:
Phone: (503) 890-4542	Fax:	14699.
E-mail: ryansexton@regencycenters.co	om	40 4 4
✓ APPLICANT ☐ CONTACT PERSON		All contracto the Oregon (
Business name: MD Architects	may be requipeling being perform	
Contact name: Dave Russell		following rea
Address: 9084 Technology Drive; Suite	200	
City/State/ZIP: Fishers, IN 46038		
Phone: (317) 558-2822	Fax:	
E-mail: daver@mdarchitects.com		
CONTRA	ACTOR	
Business name: A/F7.15 Cons	TRUCTION	
Address: 12909 SW (081H	7KWV	Fees due up
City/State/ZIP: P(XXI) Amil) OR	97223	Amount rece
Phone: 503 713 7757	Fax:	Date receive
CCB IIC.: CCB # 191668		
Authorized		This perr within 1
signature:		

REQUIRED DATA: 1- AND 2-FA	
Permit fees* are based on the value of the Indicate the value (rounded to the neare materials, labor, overhead, and the profithis application.	st dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIA	
Permit fees* are based on the value of t Indicate the value (rounded to the neare materials, labor, overhead, and the profi this application.	est dollar) of all equipment, it for the work indicated on
Valuation	915,000
Existing building area:	square feet 155575
New building area:	square feet
Number of stories: 2 stories	(at project location)
Type of construction:	ype V (Sprinklered)
Occupancy groups: Animal Ho	spital - Business 'B'
Existing:	4,677 sf (ex)
New: 1,858 (expans	sion) = 6,535 overall
NOTICE	
All contractors and subcontractors are rethe Oregon Construction Contractors Brown be required to be licensed in the jubeling performed. If the applicant is exert following reasons apply:	oard under ORS 701 and risdiction in which work is
BUILDING PERMIT	· FEES*
Please refer to fee s	chedule
Fees due upon application	\$7,Q5.79
Amount received	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

7/10/2019

Date:



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

OFFICE	USE ONLY
Date Received:	Permit No/3019- 2957
Date Issued:	Ay C
	Payment Type:

Т	YPE OF WORK	
☐ New construction	☐ Demolitic	on.
☐ Addition/alteration/replacement	☑ Other:No	on Structural Commercial Root
CATEGO	RY OF CONSTRUCT	ON
1- and 2-family dwelling	Commer     Co	cial/industrial
☐ Accessory building	☐ Multi-fam	nily
☐ Master builder	☐ Other:	
JOB SITE INF	ORMATION AND LO	CATION
Job site address: 9055 SW Murra	y Blvd.	
City/State/ZIP: Beaverton, OR	97008	
Suite/bidg./apt. no.:	Project nam	e: Wal Mart #3050
Cross street/directions to Job site:		
	1-4	
Subdivision:	Lot no.:	
Tax map/parcel no.:		
DESC	RIPTION OF WORK	
Name; Wal-Mart		
Address: 1300 East Eighth Street		
City/State/ZIP: Bentonville, AR 72716		
Phone: 479-273-4000	Fax: <i>N</i> ,	/A
E-mail: Ashley.Aye@wal-mart.com		
APPLICANT		CONTACT PERSON
Business name: North American Roofi	ng Services, Inc.	
Contact name: Thomas Brouillard		
Address: 14025 Riveredge Dr. Suite	600	
City/State/ZIP: Tampa, FL 33637		
Phone: 813.773.1418	Fax:	N/A
E-mail: Permit@NARoofing.Com		
c	ONTRACTOR	
Business name: North American Room	fing Services, Inc.	
Address: 14025 Riveredge Dr. Suite	600	
City/State/ZIP: Tampa, FL 33637		
Phone: 813.773.1418	Fax;	N/A -
CCB lic.; 130112		
Authorized		
signature: /		
Print name:		B.4
, 1111		Date: 7 / 2

Payment	Type:
REQUIRED DATA: 1- AND	2-FAMILY DWELLING
Permit fees* are based on the value indicate the value (rounded to the n materials, labor, overhead, and the this application.	of the work performed. earest dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value indicate the value (rounded to the r materials, labor, overhead, and the this application.	rearest dollar) of all equipment.
Valuation 208,711.51	
Existing building area: ROOF 7	4,789 square feet
New building area: 0	square feet
Number of storles: 1	
Type of construction:	
Occupancy groups:	
Existing:	
New:no occupancy	or use change
NOTIC	
All contractors and subcontractors the Oregon Construction Contractor may be required to be ficensed in the being performed. If the applicant is following reasons apply:	rs Board under ORS 701 and he jurisdiction in which work is
BUILDING PEI  Please refer to  Fees due upon application	Service of the foreign service and the service of the first of the fir
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

APPROVED

Comm	unity Development Department	henstelsettmastune	RECEIVED	
12725 5	Building Division <u>W Millika</u> n Way / PO Box 4755		OFFICEUS	EONLY
ELECTRONIC SUBMIT	TAI Beaverton, OR 97076	Date Received	# 06/20/2019   Po	ermit No.: B2019-2656
	Fax: (503) 526-2550	Date Issued:	7-10-19 1	***************************************
SEE I:/BLDG DIV WG	Beaverton Oregon, gov	Çn	Y OF BEAVERTON	nyment Type: Discoluti
1,000	The state of the s	Bl	JI-DING DIVISION	LYANG 22 FAMILY OWELLING
☐ Now construction	Demolition		i Permit icos, are pased on in	te value of the work performed
Addition/alteration/replacement	☐ Other:		Indicate the value (rounded t	to the nearest dollar) of all equipment and the profit for the work indicated o
A Control of the Cont	CONSTRUCTION	NO SECURITION	this application.	ing the brott for the water indicated c
☐ 1- and 2-family dwelling	☐ Commercigi/Industrial		Valuation	
☐ Accessory bullding	☐ Multi-family		Number, of bedrooms:	
☐ Master builder	Mother: Clubriuse	····	Number of bathrooms:	
UOB SITE INFORMATI	ION AND LOCATION	2434244436	Total number of floors:	4
Job site addrese: 14255 8W	INN St.		New dwelling area:	· square feet
City/state/zip: Blave	Am de 92005		Garage/carport area:	square feet
Suite/bldg./ept. no.:			Covered porch area:	squere feet
Cross street/directions to job site:	Project marie: Child Mouse	<u>-)                                    </u>	Daok area:	equare feet
10M	100		Other structure area:	
	Muray		distribution of the same	equare feet
Subdivision;	Lot no.:		Permit fees* are based on the	MMEROJAL-USINGHIG KIGSTLOV
Tax map/parcel no.:			A babation quieveni electroni	value of the work performed, the nearest dollar) of all equipment, if the profit for the work indicated on
PESCRIPTION	OF WORK		this application.	a me profit for the work indicated on
		445.2.213324	Valuation 39150	
Re-frame wall	to are monodate	,	Existing building area:	Square feet
	Will	-	- New building area:	Square foot
FI-SETUTERNY OWNER		32/35/2020	Number of stories;	11-40
Name: Caro Moone	- Maintinancus Mi	21/	Type of construction:	
Address:	of Mislands	* (V	Occupancy groups:	
City/State/ZIP:	O WYXINDS		Existing:	
Phone: 505-504-5533	Fax:		New:	
E-mall:	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		J. P. S. S. S. S. S. S. S. S. S. S. S. S. S.	iice an van van van van van van van van van
APPLICATION OF THE PROPERTY OF	OONTACT PERSON		All contractors and subcontractor	rilly beeneoil od of borlupar ora er
Business name: Well W	Striction	TOTAL T	Nev be required to be licensed to	Note board under ORS 701 and
Contact name: Undsw	Quaid		reing performed, if the applicant pilowing reasons apply:	is exempt from licensing, the
Address:	- Swari			
Clty/State/ZiP:			•	
Phone: Fi	3X:			
E-mail:				
F. CONTRACTO	THE REPORT OF THE PARTY OF THE			EUC MENT SO TO SE SERVICIO DE LA COMP
Business nems: Wear let	nsmuann		(BO)LD))(G/Fig	大大型 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Address: 11170 SW TO and S			Please refer to	fee schedule
City/State/ZIP: Dawd W ald	3		es due upon application	\$285.65
Phone: 500-944-9718 Fe:	Χ'		nount received	
CCB No.: 206 852			to received;	
Authorized signature:			This permit application expire Within 180 days after it has b	8 If a pormit is not absoluted
Print name:	-		and a minor of time bi	acu accepted as complete
Except 100.	Date:	* !	Fee melhodology set by Tri- ndustry Service Board	County Bullding
They can	1 4/18/19		orm B70-1001	-

Form B70-1001

DEVIONA

**Community Development Department** Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

STRONIC SUB MITTA 2493 Fax: (503) 526-2550

(DLD C DL) (A General Information (503) 526-2222

OFFICE USE ONLY Permit No.: B2019-2613 Date Received: Date Issued:

SEE 1:/BLDG DIV V	BeavertonOregon.gov	CITY OF BEAVERTON Payment Type:	
	TYPE OF WORK	BUILDING DIVISION 1- AND 2-FAMILY DWELLING	
☐ New construction	Demolition	remittees are based on the value of the work pendimed.	
✓ Addition/alteration/replacement	Other:	Indicate the value (rounded to the nearest dollar) of all equipn materials, labor, overhead, and the profit for the work indicate	
	RY OF CONSTRUCTION	this application.  Valuation \$15	. 00
☐ 1- and 2-family dwelling	☐ Commercial/industrial		,00
Accessory building	☐ Multi-family	Number. of bedrooms:	
☐ Master builder	Other:	Number of bathrooms:	
JOB SITE IN	ORMATION AND LOCATION	Total number of floors:	
Job site address: 7305 SW HYLANE	COURT	New dwelling area: square feet	
City/State/ZIP:BEAVERTON, OR 9		Garage/carport area: square feet	
Suite/bldg./apt. no.:	Project name: HYLAND COUP	Covered porch area: square feet	
Cross street/directions to job site: SW HA		Deck area: square feet	
		Other structure area: square feet	
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipments.	nent
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicate this application.	
	RIPTION OF WORK	Valuation	
REPLACING DECKING BOARD	OS AND JOISTS ON AN EXISTIN	G DECK Existing building area: square feet	~
·		New building area: square feet	
		Number of stories:	
☐ PROPERTY OWNER	☐ TENANT	Type of construction:	
Name:	The state of the s		
Address:		Occupancy groups:	
City/State/ZIP:		Existing:	
Phone:	Fax:	New:	gran a
E-mail:		NOTICE	
☑ APPLICANT	☑ CONTACT PERSO	All contractors and subcontractors are required to be licensed the Oregon Construction Contractors Board under ORS 701 a	
Business name: RIGHT GUYS FRAM	MING	may be required to be licensed in the jurisdiction in which work being performed. If the applicant is exempt from licensing, the	< is
Contact name: JORGE SOTO		following reasons apply:	
Address:PO BOX 30131			
City/State/ZIP:PORLAND, OR 9729	4	·	
Phone: (503) 207-1146	Fax:		
E-mail:JORGE@RIGHTGUYSFR	AMING.COM		
Co	INTRACTOR	BUILDING PERMIT FEES*	
Business name: RIGHT GUYS FRAN	/ING	Please refer to fee schedule	
Address:PO BOX 30131		Fees due upon application \$232.43	
City/State/ZIP:PORTLAND OR 9729	94	Amount received	
Phone: (503) 207-1146	Fax:	Date received:	
CCB lic.:224917			
Authorized		This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete	

Date:

06/13/19

signature:

Print name:

JORGE SOTO

within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

### ELECTRONIC SUBMITTAL relopment Department SEE I:/BLDG DIV WG-8,,

Building Division n Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550

	RECEIV	/En		
	or	FICE USE	EONLY	
ate Received:	07/17/2	019 Per	rmit No.: B2019-3045	7
ate Issued:	7-25-	-19 By:	104	
CITY	OF BEAV	ERTORPY	yment Type: AMX	_

Poor coutors Chance (50%)	Beaverton, OR 97076	Date Received	: 07/17/2019 Permit No.:	B2019-3045
OREGON PHONE: (503)	526-2493 Fax: (503) 526-2550 ral Information (503) 526-2222	Date Issued:	_7-20-17 By: 10	<i>L</i> .
	BeaverlonOregon.gov l	UI.	TY OF BEAVERTO Rayment Ty	pe: AMX
TYPE O	F WORK	P(	REQUIRED DATA: 1- AND 2-	FAMILY DWELLING
☐ New construction	☐ Demolition			
☑ Addition/alteration/replacement	☐ Other:		Indicate the value (rounded to the nea materials, labor, overhead, and the pro-	rest dollar) of all equipment, offit for the work indicated on
CATEGORY OF	CONSTRUCTION		this application.	
1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms:	
☐ Accessory building	☐ Multi-family	☐ Multi-family		
☐ Master builder	☑ Other:		Number of bathrooms: Total number of floors:	
JOB SITE INFORMAT	ION AND LOCATION			
Job site address: 5065/5045 SW NORMAN	NDY		New dwelling area; square feet	
City/State/ZIP: BEAVERTON, OR 97005			Garage/carport area:	square feet
Suite/bldg./apt, no.:	Project name: WESTBROOK 50	65/504	Covered porch area:	square feet
Cross street/directions to job site: MURRAY & 6	BTH ST		Deck area:	square feel
			Other structure area:	square feet
Subdivision;	Lot no.:	***************************************	REQUIRED DATA: COMMERCI	
Tax map/parcel no.:			Permit fees* are based on the value of Indicate the value (rounded to the near	est dollar) of all equipment
DESCRIPTION	OF WORK : The second second	FY62-2000	materials, labor, overhead, and the prol this application.	it for the work indicated on
REMOVE OLD CARPORT ROOFS		XXX 124 X X X	Valuation 0,750	
INSTALL NEW PLYWOOD AND NEW	ROOFING MATERIAL	. [	Existing building area:	square feet
		} [	New building area:	square feet
de respectivos.			Number of stories:	
D PROPERTY OWNER	☐ TENANT		Type of construction:	
Name: CAROL MOONEY - WESTBROC	OK MAINTENANCE CHAIR		Occupancy groups:	
City/State/ZIP:			Existing:	
			New:	
Phone: (503) 504-5533	Fax:		NOTICE	trini i i i i i i i i i i i i i i i i i i
□ APPLICANT			All contractors and subcontractors are re	oulred to be licensed with
Business name: GREG LEE CONSTRUCTI	☑ CONTACT PERSON		may be required to be licensed in the list	ard under ORS 701 and
Contact name: LINDSEY BERGIN	ON	11	being performed. If the applicant is exem following reasons apply:	pt from licensing, the
Address: 11170 SW TORLAND ST		-		
City/State/ZIP: TIGARD OR 97223				
Phare: (500) 044 0746	Pax;			J
E-mail: LINDSEY@GREGLEEROOFING			•	
CONTRACT		turiolista d	BUILDING PERMIT	eres en on overbeers
Business name: SAME AS ABOVE		47.000.00 E	Please refer to fee sci	
Address;		———   <u> </u>	Fees due upon application	
City/State/ZIP:			Amount received	<u>     \$290.98                                   </u>
Phone:	Fax:	──┤ ├-		
CCB IIc.: 206852		——  L	Date received:	
Authorized signature:			This permit application expires if a p within 180 days after it has been ac	ermit is not obtained cepted as complete
Print name:	Date: /		Fee methodology set by Tri-Count	v Ruildina

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

-17	Beaverton	Phone: (503) 526-2493 Fax
М	Y OLL I./DLD	
$\langle I \rangle$	CEE II/DID	G DIV WG-8.Bea
`	J ELECTROI	VIC SUBMITTAL"
	FLECTOON	THE CLOBATION A SECTION

ment Department Building Division by / PO Box 4755 rerton, OR 97076

Date Re Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2550 Date Iss

OFFINE				
OFFICE USE ONLY				
eceived: 05/31/2019	Permit No.: B2019-2326			
sued: 7-25-17	By: ML			
CITY OF DEALERS	Payment Type: Ola 1111			

OREGON GO	BeavertonOregon.gcg	CITY	Y OF BEAVERTONPS	yment Type: CMU	1_
ТУРЕ	OF WORK	_BU	Parmit foes* are based on the	I- AND 2-FAMILY DWELLIN	G
☐ New construction	☐ Demolition	<u>į-rotinėrie</u>	Lettim tees die pased ou at	to value of the work performed	ч.
☑ Addition/alteration/replacement	☐ Other:		materials, labor, overhead, a	to the nearest dollar) of all equand the profit for the work indicate.	
	DF CONSTRUCTION		this application.  Valuation	\$153	567.84
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms:	3 existing /	
☐ Accessory building	☐ Multi-family				
☐ Master builder	Other:		Number of bathrooms:	1.5 existing /	Z new
	IATION AND LOCATION		Total number of floors:		1054
Job site address: 5240 SW Dover Ln			New dwelling area:	square feet	1254
City/State/ZIP: Portland / Oregon / 9722	25		Garage/carport area:	square feet	450
Suite/bldg./apt. no.:	Project name: Peterson Home Addition	n l	Covered porch area:	square feet '	n/a
	t South of the intersection of SW Dov		Deck area:	square feet	n/a
	over St on the East side of Dover Ln	51 .	Other structure area:	square feet	n/a
	1		RBQUIRED DATA: CO	DMMERCIAL-USE CHECKLI	ST 🥖
Subdivision: Hemstreet Heights	Lot no.: R99654		Permit fees* are based on th	e value of the work performed to the nearest dollar) of all e	ioment.
Tax map/parcel no.: 1S113DA04600		Section 1	materials, later, overhead, a this application.	and the profit for the work indic	cated on
DESCRIPT	ION OF WORK	MASS.	Valuation		
· · · · · · · · · · · · · · · · · · ·	Bathroom, and Multipurpose Room of	n	Existing building area:	square feet	
front of existing single family home.			New building area:	square feet	
				Square root	
☑ PROPERTY OWNER	☐ TENANT		Number of stories:  Type of construction:		
Name: Josh & Natalie Peterson	AND THE STATE OF T				
Address: 5240 SW Dover Ln	4444444		Occupancy groups:		<u> </u>
City/State/ZIP: Portland / Oregon / 9722	25	_	Xisting:		
Phone: (503) 729-2143	Fax:		New:		
E-mail: joshuap@gbdarchitects.com	Authority Company			NOTICE	
□ APPLICANT	☐ CONTACT PERSON	374334 37434	All contractors and subcontra	actors are required to be licen ntractors Board under ORS 70	sed with 01 and
Business name: ELP DESIGN	disk tij i var kreis vick is beker i <del>dag</del> sederning in ingegeden kreis i den het beter kreis i kele i de en de T	2.02.53	may be required to be license	ed in the jurisdiction in which	work is
Contact name: Josh Peterson			being performed. If the applicant is exempt from licensing, the following reasons apply:		
Address: 5240 SW Dover Ln	- Address of the Control of the Cont	-			
City/State/ZIP: Portland / Oregon / 9722	25	$\dashv$			
	Fax:	-			
Phone: (503) 729-2143	1 0.	$\dashv$			
E-mail: joshuap@gbdarchitects.com	RACTOR		BUILDIN	G PERMIT FEES*	
			Please re	efer to fee schedule	<u> </u>
Business name: Cutty Hyde Constructio	H	$\dashv$	Fees due upon application	\$1,102.4	
Address: 2725 NE 17th Ave	19	-	Amount received	ψ1,102.4	
City/State/ZIP: Portland / Oregon / 9721		-			
Phone: (503) 720-0930	Fax:	$\dashv$	Date received:		
CCB IIc.: 119731				expires if a permit is not obt	
Authorized signature:			wittiin 180 days after it	has been accepted as com	hiera

Date:

05/23/19

Print name:

Josh A Peterson

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Print name:

#### ELECTRONIC SUBMITTAL evelopment Department Building Division (an Way / PO Box 4755 Beaverton, OR 97076 Beaverton Phone: (503) 526-2493 Fax: (503) 526-2550 Caperal Information (503) 528-2222 Caperal Information (503) 528-2222 OFFICE USE ONLY Permit No.: B2019-3046 By: 1/1/

<b>Т</b> опевой GE	eneral Information (503) 526-2222 BeavertonOregon.gov	ÇITY	OF BEA	VERTON Payme	ent Type: AMX
TYPI	F OF WORK	-BU	-bing bi	KURED BATA: 1- A	ND 2-FAMILY DWELLING
☐ New construction	☐ Demolition		Permit ree	is" are based on the v	alue of the work performed.
☑ Addition/alteration/replacement	☐ Olher:		materials,	labor, overhead, and i	ne nearest dollar) of all equipment, the profit for the work indicated on
CATEGORY	OF CONSTRUCTION	3,4,3	this applic	аиол,	
1- and 2-family dwelling	☐ Commercial/industrial			r. of bedrooms:	
☐ Accessory bullding	☐ Multi-family			r of balhrooms:	
☐ Master builder	☑ Other:		ļ	umber of floors:	(*************************************
JOB SITE INFOR	MATION AND LOCATION				
Job site address: 5032 SW NORMAND	Y			velling area;	square feet
City/State/ZIP: BEAVERTON, OR 9700	05		<u> </u>	c/carport area:	OO square feet
Suite/bldg./apt. no,:	Project name: WESTBROOK 5032		Covered	d porch area:	square (eet
Cross street/directions to job site: MURRAY	& ATH ST		Deck ar	ea:	square feel
MONTON	4077767		Other st	tructure area:	square feet
			*****	limento estable popular descuental, p	MERCIAL USE CHECKLIST
Subdivision:	Lat no.;		Permit feet	s* are based on the va e value (rounded to the	ilue of the work performed. e nearest dollar) of all equipment,
Tax map/parcel no.:				labor, overhead, and ti	he profit for the work indicated on
DESCRIP	TION OF WORK		Valuation	12.00	
REMOVE OLD CARPORT ROOFS INSTALL NEW PLYWOOD AND N			Existing	building area;	square feet
INSTALL NEW FETWOOD AND N	EW ROOFING WATERIAL		New bul	ilding erea:	square feet
			Number	of stories;	
☐ PROPERTY OWNER	☐ TENANT		Type of	construction;	
Name: CAROL MOONEY - WESTBR	ROOK MAINTENANCE CHAIR			y groups;	· · · · · · · · · · · · · · · · · · ·
Address:				sling:	
City/State/ZIP:			Nev		
Phone: (503) 504-5533	Fax;		11CH	". NO1	<del>-</del>
E-mail:			APERA STA		and the first services of the research of the services of the
APPLICANT	Z CONTACT PERSON		the Oregon	Construction Contract	s are required to be licensed with tors Board under ORS 701 and
Business name: GREG LEE CONSTRU	CTION		being perfor	rmed. If the applicant i	the jurisdiction in which work is is exempt from licensing, the
Contact name: LINDSEY BERGIN			following re	asons apply:	
Address: 11170 SW TORLAND ST					
City/State/ZIP: TIGARD OR 97223					
Phone: (503) 941-9718	Fax:				
E-mall: LINDSEY@GREGLEEROOF	NG.COM				
CONTR	ACTOR	4.84	<b>元</b> 位于1943年	BUILDING PE	RMIT FEES*
Business name: SAME AS ABOVE				Please refer to	) fee schedule
Address:			Fees due up	oon application	\$209.01
City/State/ZIP:			Amount rece	eived	F
Phone:	Fax:		Date receive	 ∍d:	
CCB lic.: 206852)				4	
Authorized signature:		I	This perr within 1	nit application expire 80 days after it has i	es if a permit is not obtained been accepted as complete

Date:

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department **Building Division** 

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 D.

RECEIVED	
OFFICE	JSE ONLY
ate Received: 07/10/2019	Permit No.: B2019-2951
ate Issued: 7-23-19	By: UK
CITY OF BEAVERTON	Payment Type: VISC

ELECTRUME SUB	MINITED TAX: (503) 526-2550   mation (503) 526-2222	Date Issued:	7-23-19	By: M	
SEE 1:/BLDG DIV V	VG-8 BeavertonOregon.ggg	<u> </u>	Y OF BEAVERTON	Payment Type: VISA	
	TYPE OF WORK	DU The state of the  JILDING DIVISION	A: 1- AND 2-FAMILY DWELLING		
☐ New construction	Demolition	2+3 (3-3) +33 (4-3)	Permit fees* are based o	n the value of the work performed.	
✓ Addition/alteration/replacement ☐ Other:			ed to the nearest dollar) of all equipment d, and the profit for the work indicated or		
	RY OF CONSTRUCTION		this application.	<del> </del>	
☐ 1- and 2-family dwelling	☑ Commercial/industrial	<u> </u>	Valuation		
☐ Accessory building	Multi-family		Number, of bedrooms:		
Master builder	☐ Other:		Number of bathrooms:		
	FORMATION AND LOCATION		Total number of floors:		
The state of the s	the first of the control of the state of the	ekia jih hilik	New dwelling area;	square feet	
Job site address: 15220 NW Greenb			Garage/carport area;	square feet	
City/State/ZIP: Beaverton OR 97006			Covered porch area:	square feet	
Sulte/bldg./apt. no.: 245	Project name: Hawkridge System	IS	Deck area:	square feet	
Cross street/directions to job site:			Other structure area:	square feet	
				COMMERCIAL-USE CHECKLIST	
Subdivision:	Lot no.:		and the end of a profit of the state of the	The state of the s	
Tax map/parcel no.:			Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on		
DESC	RIPTION OF WORK		this application.	\$48,064	
Demo non-structural partitions			Existing building area:	square feet 169139	
Construct non-structural partition	าร				
Install Doors/Relights Install Casework			New building area:		
Z PROPERTY OWNER	☐ TENANT		Number of stories:	(11)	
Name: Lincoln Property Company			Type of construction:	JII-E	
Address: 1211 Sw 5th Ave Suite 70			Occupancy groups:		
City/State/ZIP: Portland OR 97204			Existing:	Ë	
Phone: (503) 224-1193	Fax;		New:	E	
E-mail: LMorrison@LPC.com	f DA			NOTICE	
PRICANT	☐ CONTACT PERSON	1000		tractors are required to be licensed with ontractors Board under ORS 701 and	
Business name: Commercial Contrac		<u> </u>	may be required to be licen	sed in the jurisdiction in which work is	
Contact name: Jake Money	fors inc		following reasons apply:	licant is exempt from licensing, the	
Address: 5573 S 1st Circle					
City/State/ZIP: Ridgefield WA 98642	Fore				
Phone: (503) 227-4440	Fax:				
E-mall: jake@ccigc.com			BUILDIN	IG PERMIT FEES*	
	NTRACTOR			efer to fee schedule	
Business name: Commercial Contract	tors inc	<del> </del>  -		· · · · · · · · · · · · · · · · · · ·	
Address: 5573 S 1st Circle		<del></del>	Fees due upon application	\$908.75	
City/State/ZIP: Ridgefield WA 98642			Amount received		
Phone: (503) 227-4440	Fax:	L	Date received:		
CCB Ile.: 123729			This permit application	expires if a permit is not obtained	

Date:

07/00/40

Authorized signature:

Print name:

Jaka Manay

within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board



Print name:

Roberta E. Pennington

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY			
Date Received: 7-25-19	Permit No.: B 2019-3147		
Date Issued: 7 - 25 - 19	By: Mll		
•	Payment Type: M		

TYPE O  ☐ New construction  ☐ Addition/alteration/replacement	F WORK
✓ Addition/alteration/replacement	☐ Demolition
	☐ Other:
CATEGORY OF	CONSTRUCTION
1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INFORMAT	TION AND LOCATION
Job site address: 8555 SW Apple Way	
City/State/ZIP: Portland/ OR/ 97225	
Suite/bldg./apt. no.: 330	Project name: Tri-Talent Funding
Cross street/directions to job site: SW Apple W: 10)	ay & Beaverton-Hillsdale Highway (Ri
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION	N OF WORK
T PROPERTY OWNER	
□ PROPERTY OWNER  Name: AAA represented by Doug Bean	☑ TENANT  & Associates
Name: AAA represented by Doug Bean	& Associates
	& Associates
Name: AAA represented by Doug Bean Address: 1211 SW Fifth Ave., Ste. 1440 City/State/ZIP: Portland/ OR/ 97204	& Associates
Name: AAA represented by Doug Bean Address: 1211 SW Fifth Ave., Ste. 1440	& Associates
Name: AAA represented by Doug Bean Address: 1211 SW Fifth Ave., Ste. 1440 City/State/ZIP: Portland/ OR/ 97204 Phone: (503) 222-5100	& Associates
Name: AAA represented by Doug Bean Address: 1211 SW Fifth Ave., Ste. 1440 City/State/ZiP: Portland/ OR/ 97204 Phone: (503) 222-5100 E-mail:	& Associates , Fax:
Name: AAA represented by Doug Bean Address: 1211 SW Fifth Ave., Ste. 1440 City/State/ZIP: Portland/ OR/ 97204 Phone: (503) 222-5100 E-mail:  APPLICANT	& Associates , Fax:
Name: AAA represented by Doug Bean Address: 1211 SW Fifth Ave., Ste. 1440 City/State/Zip: Portland/ OR/ 97204 Phone: (503) 222-5100 E-mail:  APPLICANT Business name: Ankrom Moisan Architects	& Associates , Fax:
Name: AAA represented by Doug Bean Address: 1211 SW Fifth Ave., Ste. 1440 City/State/ZIP: Portland/ OR/ 97204 Phone: (503) 222-5100 E-mail:  APPLICANT Business name: Ankrom Moisan Architects Contact name: Roberta Pennington	& Associates , Fax:
Name: AAA represented by Doug Bean Address: 1211 SW Fifth Ave., Ste. 1440 City/State/ZIP: Portland/ OR/ 97204 Phone: (503) 222-5100 E-mail:	& Associates , Fax:
Name: AAA represented by Doug Bean Address: 1211 SW Fifth Ave., Ste. 1440 City/State/ZIP: Portland/ OR/ 97204 Phone: (503) 222-5100 E-mail:  APPLICANT Business name: Ankrom Moisan Architects Contact name: Roberta Pennington Address: 38 NW Davis St., Ste. 300 City/State/ZIP: Portland/ OR/ 97209 Phone: (503) 952-1347	& Associates  Fax:  CONTACT PERSON  S, Inc.
Name: AAA represented by Doug Bean Address: 1211 SW Fifth Ave., Ste. 1440 City/State/ZIP: Portland/ OR/ 97204 Phone: (503) 222-5100 E-mail:  APPLICANT Business name: Ankrom Moisan Architects Contact name: Roberta Pennington Address: 38 NW Davis St., Ste. 300 City/State/ZIP: Portland/ OR/ 97209	& Associates  Fax:  CONTACT PERSON  S, Inc.  Fax:
Name: AAA represented by Doug Bean Address: 1211 SW Fifth Ave., Ste. 1440 City/State/ZIP: Portland/ OR/ 97204 Phone: (503) 222-5100 E-mail:  APPLICANT  Business name: Ankrom Moisan Architects Contact name: Roberta Pennington Address: 38 NW Davis St., Ste. 300 City/State/ZIP: Portland/ OR/ 97209 Phone: (503) 952-1347 E-mail: robertap@ankrommoisan.com CONTRAC	& Associates  Fax:  CONTACT PERSON  S, Inc.  Fax:
Name: AAA represented by Doug Bean Address: 1211 SW Fifth Ave., Ste. 1440 City/State/ZIP: Portland/ OR/ 97204 Phone: (503) 222-5100 E-mail:  APPLICANT Business name: Ankrom Moisan Architects Contact name: Roberta Pennington Address: 38 NW Davis St., Ste. 300 City/State/ZIP: Portland/ OR/ 97209 Phone: (503) 952-1347 E-mail: robertap@ankrommoisan.com CONTRAC	& Associates  Fax:  CONTACT PERSON  S, Inc.  Fax:
Name: AAA represented by Doug Bean Address: 1211 SW Fifth Ave., Ste. 1440 City/State/ZiP: Portland/ OR/ 97204 Phone: (503) 222-5100 E-mail:   APPLICANT Business name: Ankrom Moisan Architects Contact name: Roberta Pennington Address: 38 NW Davis St., Ste. 300 City/State/ZiP: Portland/ OR/ 97209 Phone: (503) 952-1347 E-mail: robertap@ankrommoisan.com  CONTRAC Business name: Summit Construction Address: P.O. Box 10345	& Associates  Fax:  CONTACT PERSON  S, Inc.  Fax:
Name: AAA represented by Doug Bean Address: 1211 SW Fifth Ave., Ste. 1440 City/State/ZIP: Portland/ OR/ 97204 Phone: (503) 222-5100 E-mail:  APPLICANT Business name: Ankrom Moisan Architects Contact name: Roberta Pennington Address: 38 NW Davis St., Ste. 300 City/State/ZIP: Portland/ OR/ 97209 Phone: (503) 952-1347 E-mail: robertap@ankrommoisan.com	& Associates  Fax:  CONTACT PERSON  S, Inc.  Fax:

Date:

07/23/19

REQUIRED DATA: 1- AND 2-	
Permit fees* are based on the value of Indicate the value (rounded to the nea materials, labor, overhead, and the pro- this application.	rest dollar) of all equipment,
Valuation	
Number, of bedrooms;	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCI	IAL-USE CHECKLIST
Permit fees* are based on the value of indicate the value (rounded to the near materials, labor, overhead, and the pro this application.	rest dollar) of all equipment.
Valuation	\$75,000
Existing building area:	square feet
New building area:	square feet n/a
Number of stories:	4
Type of construction:	V-B
Occupancy groups:	
Existing:	В
New:	В
NOTICE	
All contractors and subcontractors are the Oregon Construction Contractors B may be required to be licensed in the jubeing performed. If the applicant is exe following reasons apply:	oard under ORS 701 and irisdiction in which work is
BUILDING PERMIT	FFF9*
Please refer to fee s	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

Beaverton

Print name: Chad E Davis

lopment Department Bullding Division In Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 Relssue

RECEIVE

# Date Received: 05/28/2019 Permit No.: B2019-2255 Date Issued: By: Payment Type Control Payme

, , , , , , , , , , , , , , , , , , , ,	Beaverton Oregon.	Jov CII	Y OF BEAVE	BTON Paymen	it TypeC(\cC)	
7.7	PE OF WORK	Ві	JIL <del>DING REW</del>	REDEXTA: 1-AN	D 2-FAMILY DWELLIN	G No.
☑ New construction	☐ Demolition		i i cimiticos at	o nesca off aid Agic	no or one more horizitie	u.
☐ Addition/alteration/replacement	☐ Other;		materials, labor	r, overhead, and the	nearest dollar) of all eq e profit for the work indi	
CATEGOR	Y OF CONSTRUCTION		this application  Valuation		200 E61 E4	
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Number, of I		292,561.54	
☐ Accessory building	☐ Mulli-family		<del></del>			4
☐ Master builder	☐ Other:		Number of b			- 3
JOB SITE INFO	PRMATION AND LOCATION		Total numbe			2
Job site address: 9835 SW 172nd A	Ve	and the state of t	New dwelling	g area:	square feet	2199
City/State/ZIP: Beaverton, OR 97076	W		Garage/carp	ort area:	square feet	400
Suite/bidg./apt, no.:	Project name: Kemmer Su	mmit	Covered por	ch area:	square feet	80
Cross street/directions to job site: SW Rid			Deck area;		square feet	100
SVV KIQ	ge Diva		Other structu	ire area:	square feet	
			REQUIRE	ED DATA: COMME	RCIAL-USE CHECKLI	ST.
Subdivision: Kemmer Summit	Lot no.; 5				ie of the Work performed nearest dollar) of all equ	
Tax map/parcel no.:				, overhead, and the	profit for the work indic	
DESCR	IPTION OF WORK		Valuation			
New Construction Single Family	Residentlal		Existing build	ilna area:	square feet	
			New bullding		square feet	
			Number of st		Square root	·
	☐ TENANT			······································		
Name: Chad E Davis Construction	waterway and activity of the factor of the second contraction of the factor of the fac		Type of cons			
Address: 2420 Pacific Ave			Occupancy g		MAP	<b>10.7.1</b>
City/State/ZIP: Forest Grove OR 971	16		Existing:			
Phone: 503,357,8587	Fax: 503-992-2301		New:			NO STATE OF THE PARTY OF
E-mail: mattweatherdon@gmail.co				NOTE	CE	
☑ APPLICANT	☐ CONTACT PER	SON	All contractors a	ind subcontractors	are required to be licens ors Board under ORS 70	sed with
Business name: Chad E Davis Const	eserti carbera. Los sercias producidos destructiva cheminante de destructivos de destructivos de la compositivo della compositivo de la compositivo della compositivo della compositivo de la compositivo della co		may be required	l to be licensed in ti	he jurisdiction in which we exempt from licensing,	work is
Contact name: Matt Weatherdon			following reason		exempt from ficolising,	() (C
Address: 2420 Pacific Ave						
City/State/ZIP: Forest Grove OR 971	16 '					
Phone: 503,357,8587	Fax: 503-992-2301					
E-mall: mattweatherdon@gmail.co	<del></del>		<b>,</b>			
	ITRACTOR			BUILDING PER	RMIT FEES*	
Business name: Chad E. Davis Consi			MARIO CONTRACTOR SPECIAL SPECI	Please refer to f		and and the second
Address: 2420 Pacific Ave			Fees due upon a		\$12 <del>57.0</del>	
City/State/ZIP: Forest Grove OR 971	16		Amount received		1,201	) <b>(7</b>
Phone: 503.357.8587	Fax: 503-992-2301		Date received:		10007	<b>.</b>
CCB IIc.: # 154184	1 000 002 2001		Date (ceal/act)			
Authorized Man ( ) av	*		This permit e	ipplication expires	s if a permit is not obto een accepted as comp	sined dete
champhy and Address ( 1 1911)					harman an annih	

Date:

Fee methodology set by Trl-County Building Industry Service Board

Form B70-1001

Community Development Department **Building Division** 

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Date Received

Authorized signature:

Print name:

Gabe Nagler

DECENTER	į	****
OFFICE	USE ONLY	
± 07/24/2019	Permit No.: B2	019-3166
7-24-19	By: MM	-
Y OF DEALEDTO.	Payment Type	1100

HI FOTO A U.O.	OLID MATERIA	254.0((0), 500.0550	Date Necessed	. 01/24/2019	1 comments. D2013 0100
FLECIKONIC	SUBMAPAE	18 3 Fax: (503) 526-2550 (charles (503) 526-2222	Date Issued:	7-24-19	By: ML
ELECTRONIC SEE 1:/BLDG E	)IV WĞ-8	BeavertonOregon.gov	CII	Y OF BEAVERTON	Payment Type: V SA
	TYPE OF WOR		<u> </u>	JILDING DIVISION	TA: 1- AND 2-FAMILY DWELLING
		Akes be und billious erresenen auser Une per une eine eine erresenen filt die ablätere f		Parameter statement and transport and account and account of	on the value of the work performed.
New construction		emolition 		Indicate the value (round	ded to the nearest dollar) of all equipment, ad, and the profit for the work indicated on
Addition/alteration/replacement		AND AND RESIDENCE AND AND AND AND AND AND AND AND AND AND		this application.	a, and the profit for the Work monotree of
	CATEGORY OF CONST	RUCTION		Valuation	8000
☑ 1- and 2-family dwelling	ПС	ommercial/industrial		Number, of bedrooms	3:
Accessory building		ulti-family		Number of bathrooms:	
☐ Master builder	[ ] [	ther:		Total number of floors	3:
JOE	B SITE INFORMATION A	ND LOCATION		New dwelling area:	square feet
Job site address: 7200 SW E	Benz Park Dr			Garage/carport area:	square feet
City/State/ZIP: Portland, OF	R, 97229				<u> </u>
Suite/bldg./apt. no.:	Proje	ct name: Nagler Residenc	e	Covered porch area:	square feet
Cross street/directions to job site	: 1 block North of H	wy 8 on Benz Park Dr		Deck area:	square feet
	, block Holling III	ity o on Done I am Di		Other structure area:	square feet
	,			REQUIRED DATA	: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot n	o.:			on the value of the work performed. led to the nearest dollar) of all equipment,
Tax map/parcel no.: 1S112AE	302000			materials, labor, overhea	ad, and the profit for the work indicated on
	DESCRIPTION OF \	VORK		this application.	
Kitchen remodel includi	ng 1) removal of be	aring wall and replacer	nent with		
beam 2) cut out and ins			umbing	Existing building area	· · · · · · · · · · · · · · · · · · ·
and mechanical associa	ated with kitchen rei	model.		New building area:	square feet
erindalmusik erikat keur kona i dianan kelikeran mena				Number of stories:	
☑ PROPERTY OV	VNER	☐ TENANT		Type of construction:	
Name: Gabe Nagler				Occupancy groups:	
Address: 7200 SW Benz F	Park Dr			Existing:	
City/State/ZIP: Portland, OR	R, 97225			New:	
Phone: 541 844 8405	Fax:				NOTICE
E-mail: gabenagler@gma	il.com				
☐ APPLICAN	т	☐ CONTACT PERSON		the Oregon Construction	ontractors are required to be licensed with Contractors Board under ORS 701 and
Business name:				may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the	
Contact name:				following reasons apply:	
Address:					
City/State/ZIP:	····				
Phone:	Fax:				
E-mail:					
L-mail.	CONTRACTOR			BUILI	DING PERMIT FEES*
Puta Caba Magla				Pleas	se refer to fee schedule
Business name: Gabe Nagle				Fees due upon application	
Address: 7200 SW Benz P		A A A A A A A A A A A A A A A A A A A		, ,,	ab 345.15
City/State/ZIP: Portland, OR	· I	A AMINA PILA		Amount received	
Phone: 541 844 8405	Fax:			Date received:	MANUFO-W-
CCB lic.:					

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

Vinokwou

OFFICE I	JSE ONLY
Date Received: 7 - 24-19	Permit No.: 820/9-3/70
Date Issued: 7-24-19	By: ML
	Payment Type: V15 6-

(I beaverton rhole: (505)	Date Issue	1-24-1-1	By. Wille
OREGON Gener	al Information (503) 526-2222 BeavertonOregon.gov		Payment Type: V150-
TYPE OI	WORK	REQUIRED DAT	ra: 1- AND 2-FAMILY DWELLING
☐ New construction	Indicate the value (round	on the value of the work performed, led to the nearest dollar) of all equipment,	
Addition/alteration/replacement	☐ Other:	materials, labor, overnea this application.	ad, and the profit for the work indicated on
CATEGORY OF	CONSTRUCTION	Valuation	
1- and 2-family dwelling	(Commercial/industrial	Number, of bedrooms	*
☐ Accessory building	☐ Multi-family	Number of bathrooms	<b>S</b> :
Master builder	Other:	Total number of floors	3:
JOB SITE INFORMAT	ION AND LOCATION	New dwelling area:	square feet
Job site address: USGO SW Wats		Garage/carport area:	square feet
City/State/ZIP: Bewiston, OR	97005	Covered porch area:	square feet
Suite/bldg./apt. no.:	Project name: DC MUSON	Deck area:	square feet
Cross street/directions to job site;	- 40		
•		Other structure area:	square feet
Subdivision:	Lot no.:		: COMMERCIAL-USE CHECKLIST on the value of the work performed.
Tax map/parcel no.:		Indicate the value (round	led to the nearest dollar) of all equipment, id, and the profit for the work indicated on
DESCRIPTION	L OF WORK	this application.	
		Valuation 55,6	50.00
Ros Replacemen	CT CPC	Existing building area:	square feet .
		New building area:	square feet
,		Number of stories:	
☐ PROPERTY OWNER	☐ TENANT	Type of construction:	
Name: Travis Henry		Occupancy groups:	·
Address: LISSO SW Wa	450n Ave	Existing:	
City/State/ZIP: Beaverton, O	R 97905	New:	
Phone: 503-926-4613	Fax:		NOTICE
E-mail:		All contractors and subco	ontractors are required to be licensed with
M APPLICANT	CONTACT PERSON		Contractors Board under ORS 701 and ensed in the jurisdiction in which work is
Business name: Greater Pure	DST COnstruction	being performed. If the ap following reasons apply:	oplicant is exempt from licensing, the
Contact name: Alex Kotel			:
	let suit 204		
City/State/ZIP: Dortland OR	77266		
Phone: 563-997-0836	Fax:		
E-mail: Alex K 60 9 pulpose	.com	- Duur	WALC DEDMIT FEFOR
CONTRAC	· · · · · · · · · · · · · · · · · · ·		DING PERMIT FEES*
Business name: Orcubar Milp		_	e refer to fee schedule
Address: 6400 5 10154	Sulf 204	Fees due upon application	n p1,045.80
City/State/ZIP: Partiand OR	97266	Amount received	
Phone: 563-997-0836	Fax:	Date received:	
CCB lie.: 205305			on expires if a permit is not obtained
Authorized		within 180 days afte	r it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

### BINEZ

Print name:

Laura Roark

#### Building Permit Applic 🕟

### ECTRONIC SUBMITTAL evelopment Department Building Division kan Way / PO Box 4755 Beaverton, OR 97076 SEE I:/BLDG DIV WG-8...

Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE USE ONLY

Date Receive 01/22/2019	Permit No.: B2019-0
Date Issued: /o/0, 0	By: . (人 O L L A

W Donisouthous Dhonos //	EOO' EOE DAOD Eou (EOO) EOE OEEO	BIG I TOCOTYCE	1/2/2019	777	2019-026	<u></u>
	503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222	ate Issued:	1010,14	By:	W_	
•	BeavertonÓregon.ge	Dim	OF BEAVERTON	Payment Type:		
ТҮ	PE OF WORK		DING DIVISION	ATA: 1- AND 2-FAM	LY DWELLIN	VG.
☐ New construction	☐ Demolition		Permit fees* are based Indicate the value (rou	Oll tio thine of the	noir benound	cu.
☑ Addition/alteration/replacement ☐ Other:			materials, labor, overhead, and the profit for the work indicated on this application.			
CATEGOR)	Y OF CONSTRUCTION		Valuation			
1- and 2-family dwelling	☐ Commercial/Industrial		Number, of bedroom	ns: ·	* · · · · · · · · · · · · · · · · · · ·	
☐ Accessory building	☐ Multi-family		Number of bathrooms:			
☐ Master builder	Other:		Total number of floo	rs:		<u></u>
JOB SITE INFO	RMATION AND LOCATION		New dwelling area:		square feet	
Job site address: 2180 SW 170th Aver	nue Blue#3					·
city/State/ZIP: Beaverton, OR 97003	No.		Garage/carport area		square feet	
Suite/bidg./apt. no.:	Project name: Maintenance Facili	ty	Covered porch area		square feet	
Cross street/directions to job site: Intersecti	on of SW 170th and SW Augusta L	.ane	Deck area:		square feet	
South of	SW Merlo Rd and SW 170th inters	ection	Other structure area	cita e duse v de vicia v a visa de secreta	square feet	ebassi (Sesi
Subdivision: Five Oaks/Triple Creek	Lot no.: 200 & 500			A: COMMERCIAL-U	STEER STATE OF THE	4504-114569
Tax map/parcel no.: 1S107AA	20110200 & 300		Permit fees* are based Indicate the value (roun	ded to the nearest do	ollar) of all eq	ulpment,
	PTION OF WORK		materials, labor, overhe this application.	ead, and the profit for	the work indi	cated on
		ad	Valuation		\$ 1	83,900
	ouilding (building 3: 1,000 sf enclos by) to an existing metal building (bu		Existing building area	a: s	quare feet	6000
2).	<i>y</i>		New building area:	, s	quare feet	3000
· ·			Number of stories:			1
☑ PROPERTY OWNER	¹ TENANT		Type of construction:			V-E
Name: Beaverton School District 48	J (contact: Scott Johnson)		Occupancy groups:			B, S-1
Address: 16550 SW Merlo Road			Existing:			B. S-1
city/State/ZIP: Beaverton, OR 97006			New:			S-1
Phone: (503) 356-4552	Fax:			NOTICE		in the second
E-mail: Scott_Johnson@beaverton.l	one for the Later in the contract of the extension of the contract of the cont	Section (Inc.)	All contractors and subc	ontractors are require	ed to be licen	sed with
☑ APPLICANT	☐ CONTACT PERSON		the Oregon Construction may be required to be ite	Contractors Board u	inder ORS 70	01 and
Business name: FFA Architecture and I	Interiors, Inc.		being performed. If the applicant is exempt from licensing, the following reasons apply:		the	
Contact name: Laura Roark	-				<u> </u>	
Address: 520 SW Yamhill, Suite 900			117 05	3 091		
City/State/ZIP: Portland, OR			613 05 8	10 "		
Phone: (503) 327-0375	Fax:					
≝-mall: Iroark@FFAdesign.com		2000				sonaliyaya
	RACTOR		sensoration ad Minister to La Europe Decision of	DING PERMIT FEE	a vine. And suit the grapher wa	
Business name: Skanska (contact; Joe			Pleas	e refer to fee schedu		
Address: 222 SW Columbia Steet, Su	ite 300		Fees due upon application	on	\$2,040.2	2
city/state/ZIP: Portland, OR 97201			Amount received		·····	
Phone: (503) 382-0908	Fax:		Date received:			
CCB lie.: 153980		,				

Date:

01/18/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

## ELECTRONIC SUBMITTAL

elopment Department Building Division

	<del></del>	
OFFI(	E USE ONLY	
19	Permit No.: POCOLOGIA	7

Clear Form

SEE I:/BLDG DIV WG-8... Way / PO Box 4755 Dale Received: 50 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 Date Issued: General Information (503) 526-2222 Beaverton Óregon.gov Payment Type: IILY DWELLING work performed. dollar) of all equipment, or the work indicated on

DESCRIPTION OF THE PROPERTY OF	590	
	PE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
New construction	☐ Demolition	Permit fees* are based on the value of the
Addition/alteration/replacement	☐ Olher:	malerials, labor, overhead, and the profit for the work indicated
	OF CONSTRUCTION	and application,
1- and 2-family dwelling	☐ Commercial/industrial	Valuation # 84,040.00
☐ Accessory building	☐ Multi-family	Number. of bedrooms:
☐ Master builder	☐ Other:	Number of bathrooms:
JOB SITE INFOR	MATION AND LOCATION	Total number of floors:
Job sile address: 15785	SW MELINDA DRIVE	New dwelling area: 7/0 🗡 square feet
City/State/ZIP: BEAVERTON	OR 97007	Garage/carport area: square feet
Sulte/bldg./apt. no.;	Project name:	Covered porch area: square feet
Cross skeet/directions to job site:		Deck erea: square feet
SW 1585 PU	to of SW MEUNDAI	Other structure area; SO oquare feet
Subdivision:	Lot no.: 15120 CA 0 3500	THE PARTY COMMERCIAL USE CHECKLIST
Tax map/parcel no.:	13 12 V CAU 3300	Indicate the value frounded to the percent dollar of all and
DESCRIPT	TION OF WORK	materials, labor, overhead, and the profit for the work indicated or this application.
1-1/72 41 15 17		Valuation
ASD MASTISM BE	BROOM OF BATHROOMOL CLOSET	Existing building area: square feet
ADD COVERED P	CLOSET	New building area: square feet
☐ PROPERTY, OWNER	OVEH	Number of stories:
Name: HIRAL R	D TENANT	Type of construction:
Address: 15785 SW	ANDYA	Occupancy groups:
	MELINDA DRIVE	Existing:
NOCUT POVE TOTAL	OR 97007	New:
2001-8413	Fax:	
E-meil: RD98LLC22@	SSS SSS SSS SSS SSS SSS SSS SSS SSS SS	NOTICE
Business name:	ZZ-80NTACT PERSON	All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and
		being performed. If the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performed of the applicant is exempt from the performance
	<u> </u>	following reasons apply:
- Wast 114	76	
City/State/ZIP: PONT CAN'S Phone: 503-201-81176	OR 97291	]
3 301 041	Fax:	
- A 121 COM CO CO	711710	
CONTRA		BUILDING PERMIT FEES*
Business name: RYONE LCC		Please refer to fee schedule
Address: 14349 SW	COMPASS DY.	Fees due upon application
City/State/ZIP: BEAVENTON	OR 97005	Amount received
Phone: 971-322-9416	Fax:	Date received:
CCB III.: 193/714 (193	174)	
ulhorized Ignalure:	^	This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
rint name: HIRAC R	ANDVA Date: 5/1/2019	* Fee methodology set by Tri-County Building
	4NAVA Date: 5/1/2019	Industry Carrier D. Tri-County Duliding

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

DEVI ON A

TRONIC SUBMITTAL Permit Application PARKING

Phone: (503) 382-0908

Laura Roark

CCB IIc.: 153980

Authorized signature:

Print name;

Development Department **Building Division** 

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

Beaverton Oregon.go

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10	EEI	CF	HSE	C	M	ν

OFFICE USE ONLI				
Date Receive 1/22/2019	Permit No.: B2019-0268			
Date Issued:	By:			
CITY OF BEAVERTON	Payment Type:			

TYPE OF	: Work === BU
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGORY OF	CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	Multi-family
☐ Master builder	Other:
JOB SITE INFORMATI	ION AND LOCATION
Job site address; 2180 SW 170th Avenue	Budy of Al
City/State/ZIP: Beaverton, OR 97003	PARKING GARAGE
Sulte/bidg./apt. no.:	Project name: Maintenance Facility
Cross street/directions to job site: Intersection of SW f	f SW 170th and SW Augusta Lane Merlo Rd and SW 170th intersection
subdivision: Five Oaks/Triple Creek	Lot no.: 200 & 500
Tax map/parcel no.: 1S107AA	
DESCRIPTION	ÓF WORK
PROPERTY OWNER	TENANT
	contact: Scott Johnson)
Address: 16550 SW Merlo Road	
city/State/ZIP: Beaverton, OR 97006	
Phone: (503) 356-4552	Fax:
E-mail: Scott_Johnson@beaverton.k12.c	
☑ APPLICANT	E ROMPAC
Business name: FFA Architecture and Interi	iors, Inc.
Contact name: Laura Roark	Bldy A
Address: 520 SW Yamhill, Suite 900	04
City/State/ZIP: Portland, OR	
(000) 021 0010	Fax:
E-mail: Iroark@FFAdesign.com	
CONTRACT	a kanana da da kanana kanana da kanana da kanana da kanana da kanana da kanana da kanana da kanana da kanana d
Business name: Skanska (contact: Joe Sci	
Address: 222 SW Columbia Steet, Suite 3	300
City/State/ZIP: Portland, OR 97201	

Fax:

Date:

01/18/19

ING DIVISION	
REDUKED DATA: 1- AM	ID 2-FAMILY DWELLING
	jue of the work performed, e nearest dollar) of all equipment, ne profit for the work indicated on
Valuation ·	
Number, of bedrooms:	
Number of bathrooms:	•
Total number of floors:	
New dwelling area:	square feet /
Garage/carport area:	square feet
Covered porch area:	square feel
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMI	ERCIAL-USE CHECKLIST
Permit fees* are based on the val- indicate the value (rounded to the materials, labor, overhead, and th this application.	nearest dollar) of all equipment,
Valuation -	\$ 723,550
Existing building area:	square feet 0

Existing: none New: S-2 NOTICE ontractors and subcontractors are required to be licensed with Dregon Construction Contractors Board under ORS 701 and be required to be licensed in the jurisdiction in which work is performed. If the applicant is exempt from licensing, the

184 799

BUILDING PER	MIT FEES*		
Please refer to fee schedule			
Fees due upon application	\$5,895.75		
Amount received			
Date received:			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

New building area:

Number of stories:

Type of construction: Occupancy groups:

ring reasons apply:

**REV 2/14** 

8107

II-B

S-2

square feet

**Beaverton** 

Print name:

Building Permit Application
ELECTRONIC SUBMITTAL Development Department
SEE I:/BLDG DIV WG-8
Building Division
Building Division
107075 SWI Millikan Way / PO Box 4755

Beaverton, OR 97076 Da Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
ate Received: 06/10/2019	Permit No.: B2019-2485
Pate Issued: /-16-10	By: Crew
	Payment Type:

O R E G O N CONTO	BeavertonOregon.go			Paymen	nt Type: WM U	> H
TYPE O	F WORK		REC	QUIRED DATA: 1- AN	D 2-FAMILY DWELLIN	<b>G</b> A 3 4 4 4 4
☐ New construction	☐ Demolition				ue of the work performed nearest dollar) of all equ	
✓ Addition/alteration/replacement	☐ Other:		materials, la	abor, overhead, and the	e profit for the work indic	
CATEGORY OF	CONSTRUCTION		this applica  Valuation	TIOH.	<u> </u>	12,000
☑ 1- and 2-family dwelling	☐ Commercial/industrial			of bedrooms:	Ψ	,000
☐ Accessory building	☐ Multi-family			of bathrooms:		
☐ Master builder	☐ Other:			mber of floors:		
JOB SITE INFORMAT	ION AND LOCATION				7 (1)	C.Pf
Job site address: 11820 SW 7TH ST				elling area:	square feet	-60
City/State/ZIP: BEAVERTON, OR 97005			-	carport area:	square feet	
Suite/bldg./apt. no.:	Project name: KIT, Bump out/porch		Covered	porch area:	square feet	264
Cross street/directions to job site: LOMBARD/S		he	Deck are	ea:	square feet	
	n street on the R		Other str	ructure area:	square feet	
•		6.1	REQ	JIRED DATA: COMMI	ERCIAL-USE CHECKLI	ST
Subdivision:	Lot no.:				ue of the work performed nearest dollar) of all equ	
Tax map/parcel no.:		10 10 10 10 10 10 10 10 10 10 10 10 10 1		abor, overhead, and the	e profit for the work indic	
DESCRIPTIO	N OF WORK		Valuation			
Bump out of kitchen wall, Add front pe	orch		Existing	building area:	square feet	HINT
			New buil	ding area:	square feet	
	,		Number	of stories:		
☑ PROPERTY OWNER	☐ TENANT		Type of o	construction:		
Name: Dylan and Caren Miller-Moylan			Occupar	ncy groups:		
Address: 11820 SW 7TH ST			Exis	ting:		
City/State/ZIP: BEAVERTON/OR/97005			New		merch trief 500	
Phone: 5038809339	Fax:			NOT	ice	
E-mail: Dylan.millermoylan@gmail.com			All contract		s are required to be licen	eed with
☑ APPLICANT	☐ CONTACT PERSON		the Oregon	Construction Contract	tors Board under ORS 76 the jurisdiction in which	01 and
Business name:			being perfo	rmed. If the applicant is	s exempt from licensing,	the
Contact name: Dylan and Caren Miller-Mo	pylan		rollowing re	asons apply:		
Address: 11820 SW 7TH ST						
City/State/ZIP: BEAVERTON/OR/97005						
Phone: 5038809339	Fax:					
E-mail: Dylan.millermoylan@gmail.com						
CONTRA	CTOR			BUILDING PE	RMIT FEES*	
Business name: Samu ao M	ren			Please refer to	fee schedule	
Address:			Fees due u	pon application	\$197.30	
City/State/ZIP:			Amount rec	eived		
Phone:	Fax:		Date receiv	ed:		
CCB lic.:			This now	mit annlication evals	es if a permit is not ob	lained
Authorized signature:					been accepted as com	

Date:

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department **Building Division** 

12725 SW Millikan Way / PO Box 4755 SUBMITTS 2493 Fax: (503) 526-2550 Date Issued:

CCB lic.: 195703

Derek Metson

Authorized signature:

Print name:

Beaverton, OR 97076

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#### OFFICE USE ONLY

Date Received:	04/18/2019	Permit No.: B2019-160
Date Issued:	1.19.19	By Leal

SEE I:/BLDG DIV W	General Information (503) 526-22	CITÝ OI	F BEAVERTON Paymen	nt Type:	
	YPE OF WORK	evillo	NG DIVISION REQUIRED DATA: 1- AN	ID 2-FAMILY DWELLING	
☐ New construction	Demolition	Pern	nit fees* are based on the val	tue of the work performed.	
	Other:	Indic	cate the value (rounded to the erials, labor, overhead, and th	<ul> <li>nearest dollar) of all equip</li> <li>profit for the work indicat</li> </ul>	oment, ted on
☑ Addition/alteration/replacement	RY OF CONSTRUCTION		application.		····
Annual Control of Cont	☑ Commercial/industrial		pation		
1- and 2-family dwelling		N	lumber. of bedrooms:		
Accessory building	Multi-family	N N	lumber of bathrooms:		
Master builder	Other:	To the second se	otal number of floors:		
	ORMATION AND LOCATION	<u>Vitra participana n</u>	few dwelling area:	square feet	
Job site address: 14723 SW TEAL B		G	Parage/carport area:	square feet	
City/State/ZIP:BEAVERTON, OR 9		C	Covered porch area:	square feet	
Suite/bldg./apt. no.:Suite 609	Project name: INSOMNIA		Deck area:	square feet	
Cross street/directions to job site: SW Tea	al Blvd & SW Murray Blvd		Other structure area:	square feet	
			REQUIRED DATA: COMMI		T MOST
Subdivision:	Lot no.:	Perm	nit fees* are based on the val	The walk of the extra the extreme field by the purpose, the extreme is a first of the content.	<u> </u>
Tax map/parcel no.:		mate	cate the value (rounded to the erials, labor, overhead, and the	nearest dollar) of all equip ne profit for the work indicat	oment, ted on
DESCRIPTION OF WORK			application. ration		9,000
Γhis is a tenant improvement to	an existing suite. The occupar	ncy shall be	xisting building area:		2,390
changed from B to A. Fire sepa demising walls. the restrooms a	rations shall be provided at ter	iani ai			2,090
space have been recently comp	leted under an earlier permit.		lew building area:	square feet	
		N N	lumber of stories:		
☐ PROPERTY OWNER	☑ TENANT	T.	ype of construction:		VE
Name: Insomnia Coffee			occupancy groups:		
Address:5389 E Main street	The State of the S		Existing:		E
City/State/ZIP: Hillsboro, OR 97123			New:		A
Phone:(503) 789-7876	Fax:		NOT	ICE	
E-mail:THEGUYS@INSOMNIAC			ontractors and subcontractors		
☑ APPLICANT	☑ CONTACT PER	RSON the 0	Oregon Construction Contract be required to be licensed in	tors Board under ORS 701 the jurisdiction in which wo	and ork is
Business name: Greenbox Architecto	ıre	bein	being performed. If the applicant is exempt from licensing, the following reasons apply:		
Contact name: Derek Metson	Market				
Address:502 Seventh Street, 203					
City/State/ZIP: Oregon City OR 97045			•	·	
Phone:(503) 207-5537	Fax:				
E-mail:derekm@greenboxpdx.co	m				Name
c	ONTRACTOR		BUILDING PE	ERMIT FEES*	Nieve
Business name:Ryan Kerner Constr	uction		Please refer to		
Address:20140 SW York Street		Fees	s due upon application	\$1,294.05	<u> </u>
City/State/ZIP:Aloha, OR 97003		Amo	ount received		
Phone:(503) 359-9191	Fax:	Date	received:		

04/17/20

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

## ELECTRONIC SUBMITTAL Permit Application SEE I:/BLDG DIV WG Bunity Development Department

signature:

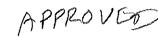
Print name:

Jane Gooding

**Building Division** 

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222



OFFICE (	USE ONLY
Date Receive 06/06/2019	Permit No.: B2019-2421
Date Issued:	By:
CITY OF BEAVERTON	Payment Type:

40 1 2 3 5 11	BeavertonOregon.gg	CHY	OF BEAVERTON I Pay	yment Type:	
	TYPE OF WORK	BUII	LOING DIVISION REQUIRED DATA: 1	- AND 2-FAMILY DWELLING	
✓ New construction	Demolition		I dittill loop all badda all all	• 14140 or 1110 110111 parterine	
☐ Addition/alteration/replacement	Other:		materials, labor, overhead, ar	o the nearest dollar) of all equipment, nd the profit for the work indicated on	
CATEGO	RY OF CONSTRUCTION		this application.		
1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedrooms:		
☐ Accessory building	☐ Multi-family		Number of bathrooms:		
☐ Master builder	C) Other:				
JOB SITE IN	FORMATION AND LOCATION		Total number of floors:		
Job site address: 11375 SW Center	Street		New dwelling area:	square feet	
City/State/ZIP: Beaverton, Oregon S	97005	******	Garage/carport area:	square feet	
Suite/bldg./apt. no.:	Project name: ACMA		Covered porch area:	square feet	
Cross street/directions to job site: SW Ce	nter Street and SW 113th Avenue		Deck area:	square feet	
. 000 00	into direct and ever from words		Other structure area:	square feet	
			REQUIRED DATA: CO	MMERCIAL-USE CHECKLIST	
Subdivision:	Lot no.:			e value of the work performed. o the nearest dollar) of all equipment,	
Tax map/parcel no.: 1S110DB02000				nd the profit for the work indicated on	
DESC	CRIPTION OF WORK		Valuation	\$25,000	
Installation of fire service for new ACMA school building. Includes fire backflow vault, FDC, and fire water line outside of building.		Existing building area:	square feet 54,064		
backflow vault, FDG, and fire wa	ater line outside of building.		New building area:	square feet 75,000	
			Number of stories:	2	
✓ PROPERTY OWNER	☐ TENANT		Type of construction:	 IIB	
Name: Beaverton School District	- Facilities Development		Occupancy groups:	E, B & A	
Address: 16550 SW Merlo Road			Existing:	E, B & A	
city/State/ZIP: Beaverton, Oregon 9	97003		New:	E, B & A	
Phone: (503) 356-4449	Fax: (503) 356-4484			NOTICE	
E-mail: Leslie_Imes@beaverton.k	(12.or.us		1 (A. A.	Control from the control of the cont	
☑ APPLICANT	☑ CONTACT PERSON		All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and		
Business name: DLR Group			being performed. If the applic	ed in the jurisdiction in which work is eant is exempt from licensing, the	
Contact name: Jane Gooding			following reasons apply:		
Address: 421 SW 6th Avenue, Sui	te 1212				
City/State/ZIP: Portland, Oregon 97	204				
Phone: (503) 200-3966	Fax:				
E-mail: jgooding@dlrgroup.com					
c	ONTRACTOR		BUILDING	PERMIT FEES*	
Business name: Robinson Construct	tion		Please ref	fer to fee schedule	
Address: 8060 NE Walker Road			Fees due upon application		
City/State/ZIP: Hillsboro, Oregon 97	124		Amount received		
Phone: (503) 645-8531	Fax: (503) 645-5357		Date received:		
CCB lic.: 63147			This permit application a	expires if a permit is not obtained	
Authorized .\.				has been accepted as complete	

Date:

06/04/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

**REV 2/14** 

## ELECTRONIC SUBMITTAL

elopment Deparment Building Division 1 Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 APPROVED COPYECENTE

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<b>34</b> :: 1		ONLY
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Dale Received: 06/10/20	19	Permit No. B2019-2471	
Dale Issued: 702301	X	By: Mell	
CON OF THE			

O R E G O'N Gener	BeavertonOregon.gcm	CIT	Y OF BEAVER	To Reyment Type:	<u> </u>	
TYPE OF		BL	ILDING DIVIS	DATA: 1- AND 2-FAN	AILY DWELLIN	G
☐ New construction	☐ Demoŝijon		Permit lees" are bas	ied on the value of the	з могк реполие	o.
☑ Addition/alteration/replacement	☐ Other:		materials, labor, over	ounded to the nearest rhead, and the profit f	or the work indi	cated on
CATEGORY OF		-	this application.  Valuation			
☐ 1- and 2-family dwelling	☑ Commercial/industrial					· · · · · · · ·
	☐ Multi-family		Number, of bedro			
Accessory building	Other:		Number of bathro			<del></del>
☐ Master builder  JOB SITE INFORMAT		-	Total number of f	oors:		
Job site address 14925 SW Barrows Road			New dwelling are	a:	square feet	
	1, Julie 113		Garage/carport a	rea:	square feet	
Cliy/State/ZIP: Beaverton, OR 97007	Project name: BAC Progress Ridge	{	Covered porch at	ea:	square feet	
Suite/bldg./apt. no.; Suite 115 Building B			Deck area:	•	square feet	
Cross street/directions to job site: SW Horizon I	Bivd.		Other structure a	rea:	square feet	
			REQUIRED D	ATA: COMMERCIAL	-USE CHECKL	IST
Subdivision:	Lot no.:			ed on the value of the		
Tax map/parcel no.: 2S105AA02301			materials, labor, ove	rhead, and the profit f	or the work indi	icated on
DESCRIPTION	N OF WORK		this application.  Valuation	\$1.58	3,600.00	
Partial demolition of interior spaces, fi	nishes, partitions, mechanical,	1	Existing building		square feet	2,210
electrical and plumbing equipment. C	Construction of 24-hour ATM					
vestibule, ATM lobby, ATM room, officeroom, janitor closet, non-bearing parti	ces, break room, restroom, wellness tions, doors, millwork, finishes and :	3     a	New building are		square feel	0
	T		Number of stories			1
PROPERTY OWNER	☑ TENANT		Type of construct	ion:		V-B
Name: Bank of America		_	Occupancy grout	18:		B
Address: 2000 Clayton Road, Building D	)	<del>-</del> -	Existing:			2,210
city/State/ZIP: Concord, CA 94520	<u> </u>		New:		":9"	0
Phone: (206) 375-4788	Fax			NOTICE		
E-mail: matt.riggs@am.jll.com	17		All contractors and	subcontractors are req	uired to be lice	nsed with
☑ APPLICANT	☑ CONTACT PERSON		may be required to t	ction Contractors Boa se licensed in the juris	diction in which	work is
Business name: Gensler			being performed. If if following reasons as	the applicant is exemptoply:	et from licensing	j, lhe
Contact name Michelle Knoedler						
Address: 2101 Webster Street, Suite 20	00	_				
City/State/ZiP: Oakland, CA 94612						
Phone: (510) 645-1725	Fax:				e.	
E-mail: michelle_knoedler@gensler.cor	n					
CONTRA	CTOR			UILDING PERMIT I		
Business name: Andersen Construction				Please refer to fee sch	T-	
Address: 6712 N. Cutter Circle			Fees due upon appl	ication	\$10,178	3.26
City/State/ZIP: Portland, OR 97217			Amount received		<u> </u>	
Phone (503) 283-6712	Fax: (503) 283-4393		Date received:			
CCB lie.:			This permit app	lication expires if a p	ermit Is not of	otained
Authorized signature: MA: July Lee	inc.		within 180 day	s after it has been ac	copted as con	nplate

-Date:

05/31/19

Print name:

Michelle Knoedler

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

12725 SW Millikan Way / PO Box 4755

ELECTRONIC SUBMITTAL

Beaverton, OR 97076

3 Fax: (503) 526-2550

nation (503) 526-2222

BeavertonOregon.gov

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	and the state of t	
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OFFICE USE ONLY

Date Received: 07/23/2019
Date Issued: 7-23-19

Permit No.: B2019-3159 By: **///**\_\_

CITY OF BEAVEDTON

Payment Type: Visa

TYPE OF	MOBK B	<b>41</b> 1	DING DIVISION REQUIRED DATA: 1- Al Permit fees* are based on the va	ND 2-FAMILY DWELLING	
☐ New construction	☐ Demolition				
Addition/alteration/replacement	C Other:	7	Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated on		
CATEGORY OF	The second secon	7 F	this application.		
☐ 1- and 2-family dwelling	☑ Commercial/industrial	1  -	Valuation		
Accessory building	☐ Multi-family	┨┞	Number, of bedrooms:		
☐ Master builder	Other:	-	Number of bathrooms:		
JOB SITE INFORMATI		$\left\{ \ \right\}$	Total number of floors:		
Job site address: 8093 SW Cirrus Drive	ON AND LOCATION SERVICE SERVICE OF	+ $L$	New dwelling area:	square feet	
		-	Garage/carport area:	square feet	
City/State/ZIP: Beaverton, OR 97008 Sulte/bldg_/apt. no.: 19-C	Project name: NW Sports Photography	$+ \lceil$	Covered porch area:	square feet	
		$+ \Gamma$	Deck area:	square feet	
Cross street/directions to job site: SW Hall Blvd			Other structure area:	square feet	
	, , , , , , , , , , , , , , , , , , , ,	╛┪	REQUIRED DATA: COMM	MERCIAL-USE CHECKLIST	
Subdivision:	Lot no.: 01300		Permit fees* are based on the va		
Tax map/parcel no.: 1S1 27AB			materials, labor, overhead, and t	e nearest dollar) of all equipment, he profit for the work indicated on	
DESCRIPTION	OF WORK	1 -	this application. Valuation	\$35,000.00	
This project involves limited construction of new tenant improvements to			Existing building area:	square feet 5,100	
accommodate a new tenant in previous	usiy occupied tenant space.		New building area:	square feet 0	
•			Number of stories:	1	
<b>☑</b> PROPERTY OWNER	☐ TENANT	┧┟	Type of construction:	3-B	
Name: Harsch Investments		1	Occupancy groups:		
Address: 8275 SW Cirrus Drive		1  -	Existing:	B/F-1/S-1	
City/State/ZIP: Beaverton, OR 97008		1 H	New:	B/Š-1	
Phone: (503) 450-0831	fax:	<b>1</b>  -		TICE	
E-mail: EmilyM@Harsch.com		<b>1</b>		<u> </u>	
☐ APPLICANT	☐ CONTACT PERSON		the Oregon Construction Contract		
Business name: Robert Simpson Architect	, PC		may be required to be licensed in the jurisdiction in which work being performed. If the applicant is exempt from licensing, the		
Contact name: Robert C. Simpson		<b>1</b>	following reasons apply:		
Address: 31177 SW Simpson Road		1			
City/State/ZIP: Cornelius, OR 97113-6201					
Phone: (503) 709-9653	Fax:				
E-mail: R.C. Simpson@iCloud.com					
CONTRAC	TOR		BUILDING P	ERMIT FEES*	
Business name: Pacific Crest Structures			Please refer	to fee schedule	
Address: 17750 SW Upper Boones Ferr	y Road, Suite 190	<b>7</b>	Fees due upon application		
City/State/ZIP: Durham, OR 97224			Amount received		
Phone: (503) 968-8949	Fax:	] [	Date received:		
ссв іс.: 66915			This permit application expl	res if a permit is not obtained	

Date:

Authorized signature:

Print name:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

### Building Permit Application COB Revision/Tracking Number

Print name:

Tan T. Nguyen

Community Development Department  $\ \ \, \square \ \ \, \ \ \,$ 

Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY		
Date Received:	Permit No.: 520 19 - 0573	
Date Issued MAR 0 1.2019	By: ML	
7-23-19	Payment Type: CULII4	

	Beaverton∪regon.gov ∟				<del></del>
TYPE OI	F WORK	BUILDING	REQUIRED DATA	: 1- AND 2-FAMILY DWELLI	NG
☐ New construction	☐ Demolition			the value of the work perform	
☑ Addition/alteration/replacement	Other:		Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated or		
CATEGORY OF	CONSTRUCTION		this application.  Valuation		
☐ 1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedrooms:	A	
☐ Accessory building	☐ Multi-family				
☐ Master builder	☐ Other:		Number of bathrooms:		
JOB SITE INFORMAT	ION AND LOCATION		Total number of floors:		······································
Job site address: 11439 SW BEAVERTON	HILLSDALE HWY		New dwelling area:	square feet	
City/State/ZIP: BEAVERTON, OR 97005			Garage/carport area:	square feet	
Suite/bldg./apt. no.:	Project name: PAMPER NAIL SPA		Covered porch area:	square feet	
Cross street/directions to job site:	, , , , , , , , , , , , , , , , , , , ,		Deck area:	square feet	
			Other structure area:	square feet	
	r		REQUIRED DATA: 0	OMMERCIAL-USE CHECK	LIST
Subdivision:	Lot no.:		Permit fees* are based on t	he value of the work perform to the nearest dollar) of all e	ed.
Tax map/parcel no.:			materials, labor, overhead,	and the profit for the work inc	licated on
DESCRIPTION	OF WORK		this application.  Valuation	<b>Q</b> .	120,000
-Change of occupancy from group "M	' retail to Group "B" for nails salon.		Existing building area:		
-Mechanical permit, sprinkler system,	and fire alarm will be obtained			square feet	2,223
separately.			New building area:	square feet	2,223
☐ PROPERTY OWNER	☑ TENANT	- -	Number of stories:		1
Name: Tan T. Nguyen	<b>М</b> 1 гими		Type of construction:	V-B (SPRINKI	
Address: 19667 SW Sharoaks Rd.			Occupancy groups:		В
City/State/ZIP: Beaverton, OR 97003			Existing:	"M"	RETAIL
Phone: (503) 997-3739	Fax:	-	New:	"B" NAILS	SALON
E-mail: nttan77@gmail.com		[		NOTICE	
☑ APPLICANT	☑ CONTACT PERSON		All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and		
Business name: Harmony Decor		$\dashv$	may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the		
Contact name: Elson Nguyen		$\dashv$ $\uparrow$	following reasons apply:	icant is exempt from icensing	j, ine
Address: 522 NW 23rd Ave Suite E		$\dashv$			
City/State/ZIP: Portland, OR 97210		-			
Phone: (971) 563-2067	Fax:	-			
E-mail: elsonng.hndecor@gmail.com					
CONTRAC	TOR		BUILDIN	G PERMIT FEES*	
Business name: Long Vo Construction LLC			Please re	efer to fee schedule	
Address: 8234 SE Clatsop St.			Fees due upon application		***************************************
City/State/ZIP: Happy Valley, OR 97086			Amount received		
Phone: (503) 793-3265	Fax:		Date received:		<u>.</u>
CCB lic.: 194594		L			
Authorized signature:				expires if a permit is not ob has been accepted as com	

Date:

01/30/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Building 4

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY		
Date Received: 7-23-19	Permit No.: B2019-5/45	
Date Issued: 7-23-19	Ву: - // /	
	D-1 T	

	BeavertonOregon.gov	Paymen	t Type:
TYPI	E OF WORK	REQUIRED DATA: 1- ANI	D 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value indicate the value (rounded to the	
Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the	e profit for the work indicated or
CATEGORY	OF CONSTRUCTION	this application.  Valuation	
1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:	· · · · · · · · · · · · · · · · · · ·
Accessory building	Multi-famlly		
Master builder	Other:	Number of bathrooms:	
JOB SITE INFOR	MATION AND LOCATION	Total number of floors;	
b site address: 13/55 SW	Allon Bund	New dwelling area:	square feet
ity/State/ZIP: Benverton	NP 97005	Garage/carport area:	square feet
ite/bldg./apt. no.:	Project name: Washington Co.	Covered porch area:	square feet
ss street/directions to job site:	Condo	Deck area:	square feet
	Allen Blud	Other structure area:	square feet
		REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
bdivision:	Lot no.:	Permit fees* are based on the valu	e of the work performed.
x map/parcel no.:		indicate the value (rounded to the i materials, labor, overhead, and the	nearest dollar) of all equipment profit for the work indicated or
	TION OF WORK	this application.	
moval & replacement o	t existing roof sustem us	Valuation 24,07	1.00
fainteed Landmank	architectural shinales	Existing building area:	square feet
Stened with (4) 1.25'	f existing roof system us architectural shingles "nails per shingle:	New building area:	square feet
	, ,	Number of stories:	
☐ PROPERTY OWNER	TENANT	Type of construction:	WHATATA
no: Richard Rocha	<i>t</i> ,	Occupancy groups:	
1888: 13156 SW ALU	en Blud	Existing:	····
State/ZIP: Beaverton	OR 97005		
one: 503 - 317-0710	) Fax: N/A	New:	
mail: MU UICC LOOK GAV	rail.com	NOTIC	
APPLICANT	CONTACT PERSON	All contractors and subcontractors a the Oregon Construction Contractor	rs Board under ORS 701 and
siness name: Raindur 3	ROOFING NIA) 11C.	may be required to be licensed in the being performed. If the applicant is	re jurisdiction in which work is
ontact name: Towey Hence	derson derson	following reasons apply:	
Idress: 8305 SX Cim			
ty/State/ZIP: Ron Western	ND 97Ma		
none: 603 - 717 - 1506	Fax: 603-1120-8820	-	
mall: towers (a) round	Fax: 603-430-8330	-	
	RACTOR	BUILDING PER	MIT SEES!
usiness name: Daind mar D	ma /s a · Alla/ 1 · c	444	
	ooning IVVI, LLC	Please refer to fo	ee schedule
dress: 9305 SN Cir	vas br.	Fees due upon application	\$648.86
ty/State/ZIP: Beaverage	UK 97000	Amount received	-
ione: 503-520-388-	7 Fax: 503 - 430 - 833	Date received:	
Blic.: 172720		This permit application expires	if a permit is not obtained
horized for a sale of the sale	<i>,</i> —	within 180 days after it has be	en accepted as complete
nt name:	de 2   par 1/00/10	* Fee methodology set by Tri-(	County Building

Industry Service Board

Form B70-1001

Building 1

Beaverton

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY		
Date Received: 7-23-19	Permit No.: B2019-3146	
Date Issued: 7-43-19	By: M	
	Payment Type:	

•	BeavertonOregon.gov
m .	(PE OF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	☐ Other:
CATEGOR	Y OF CONSTRUCTION
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	Multi-family
☐ Master builder	Other:
JOB SITE INFO	DRMATION AND LOCATION
Job site address: $13155  \delta V$	V Allon Bavol
City/State/ZIP: Pearletter	1.02 97005
Suite/bidg./apt. no.:	Project name: Washington Cour
Cross street/directions to job site: Evickson Ave 9 5	w Allen Blud Condos
Subdivision:	Lot no.:
Tax map/parcel no.:	
	RIPTION OF WORK
rannous & replacements	of existing roof system using architectural shingles 5" nails per shingle.
Name: Richard Roch Address: 13156 S.W. Al	at Ion Blud
City/State/ZIP: Demarkation	D 97005
Phone: 503 - 317 - 07	(r) Fax: 11/4
E-mail: MU UICC hook of	- a a a 1 a 1 a
JE APPLICANT	WIO. 1. C.67/2
Business name: Round MID	V/10(1) · (67/7) CONTACT PERSON
1	COVID CONTACT PERSON  ROTO FINA AUA LLC
Contact name: Toward Life	ROOFING NW, LLC
0.500	Roofing NW, LLC
0.500	ROOFING NW, LLC Adurson W.S. Dr.
Address: 8305 SXI Civ City/State/ZIP: Beavertury	Roofing NW, LLC
Address: 8305 SXI Civ City/State/ZIP: Beaverton	Roofing NW, LLC nderson NS Dr. OR 97008
Address: 8305 SXI Civ City/State/ZIP: Beavertyn Phone: 503-707-1500 E-mall: Torrey (a) roun	Roofing NW, LLC nderson NS Dr. OR 97008
Address: 8305 SN CIV City/State/ZIP: BEAVENTY Phone: 503-707-1506 E-mall: Torrey (a) rain	ROOFING NW, LLC Aderson  MS Dr.  OR 97008  Fex: 503-430-8530  OVOPNW. COM
Address: 8305 SAI CIV City/State/ZIP: Beaverty Phone: 603-707-1500 E-mail: torrey (a) roun	Roofing NW, LLC nderson MS Dr. MS Dr. Pex 97008 Fex 603-430-8530 dropnw.com
Address: 8305 SNI CIV City/State/ZIP: Beaverton Phone: 503-707-1500 E-mail: torrey (a) rain co Business name: Faindre	ROOFING NW, LLC Aderson  MS Dr.  OR 97008  Fex: 503-430-8530  OVOPNW. COM
Address: 8305 SN Civ City/State/ZIP: Beaventin Phone: 503-707-1500 E-mail: Trivey (a) roun  Co Business name: Paindrop Address: 8305 SW C	Roofing NW, LLC Aderson  MUS Dr.  OR 97008  Fax: 603-430-8330  Outponer. com  NTRACTOR
Address: 8305 SN CIV City/State/ZIP: BEONENSIM Phone: 503-707-1506 E-mall: COVVEY (a) VOUN  CO Business name: PUNCTOP Address: 8305 SN C City/State/ZIP: BEONENSIM	Roofing NW, LLC Aderson MS Dr. OR 97008 Fex: 603-430-8330  dropnw.com NTRACTOR ROOFING NW, LLC INVUS Dr. 7. OR 97008
Address: 8305 SN CIV City/State/ZIP: BEAVENAM Phone: 503-707-1500 E-mail: Correy (a) rain Co Business name: Painaro Address: 8305 SN C City/State/ZIP: Beavenam Phone: 503-520-380 CCB lic.: 172320 Authorized	Roofing NW, LLC Aderson MS Dr. OR 97008 Fex: 603-430-8330  dropnw.com NTRACTOR ROOFING NW, LLC INVUS Dr. 7. OR 97008
Address: 8305 SN CIV City/State/ZIP: BEONENSIM Phone: 503-707-1506 E-mall: COVEY (a) VOUN  CO Business name: PUNCHOD Address: 8305 SN C City/State/ZIP: BEONENSIM Phone: 503-526-386 CCB lic.: 172720	Roofing NW, LLC Aderson W.S. Dr. OR 97008 Fax: 603-430-8530  avopnw.com NTRACTOR ROOFING NW, LLC INVUS DY: 1 OR 97008 37 Fax: 503-430-8530
Address: 8305 SN CIV City/State/ZIP: BEONEVAN Phone: 803-707-1500 E-mall: TOVYEY (a) VOUN  CO Business name: POUNCO Address: 8305 SW C City/State/ZIP: BEONEVAN Phone: 503-520-380 CCB lio.: 172720 Authorized	Roofing NW, LLC Aderson  MLS DV:  OR 97008  Fax: 603-430-8330  OVOPNIV. COM  NIRACTOR  POOFING NW. LLC  INVUS DY:  7. OR 97008

REQUIRED DATA: 1- ANI	D 2-FAMILY DWFLLING
Permit fees* are based on the valuation indicate the value (rounded to the materials, labor, overhead, and the this application.	ue of the work performed. nearest dollar) of all equipment.
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the valuation indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment.
Valuation 10,73	s.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOT	CE
All contractors and subcontractors the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and the jurisdiction in which work is
BUILDING PE	RMIT FEES"
Please refer to	fee schedule
Fees due upon application	6386,53
Amount received	- <del>  * · · · · · · · · · · · · · · · · · · </del>
Data reasilyadi	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



LOUIS ORNELAS

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY		
Date Received: 7-23-19	Permit No.: B2019-3144	
Date Issued: 7-23-17	By: ML	
	Payment Type: Chlu	

	BeavertonOregon.gov L		
туре с	PF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed.	
Addition/alteration/replacement	Other:	Indicate the value (rounded to the nearest dollar) of all equipm materials, labór, overhead, and the profit for the work indicated	
	CONSTRUCTION	this application.	
		Valuation	
1- and 2-family dwelling	☐ Commercial/industrial	Number. of bedrooms:	
Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	Other:	Total number of floors:	
	TION AND LOCATION	New dwelling area: square feet	
Job site address: ///00 SW MU City/State/ZIP: BEAVERTON, O	LRRAY SCHOLLS PLACE	Garage/carport area: square feet	
City/State/ZIP: BEAVERTON, O	R. 97007	Covered porch area: square feet	
Suite/bldg./apt. no.:	Project name: 24 HR. FITNESS	Deck area: square feet	
Cross street/directions to job site:			
		Other structure area: square feet	
	11-1	REQUIRED DATA: COMMERCIAL-USE CHECKLIST  Permit fees* are based on the value of the work performed.	
Subdivision:	Lot no.:	Indicate the value (rounded to the nearest dollar) of all equipment,	
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated on this application.	
	N OF WORK	Valuation 91, 855	
REMOVE ALL REGING	TO DECKING INSTALL	Existing building area: square feet	
Z LAYERS OF POLYISOC 4"= R24 INSTACL GAI	F GAMIL TOD SMILE	New building area: square feet	
PLY MEMBRANE ROBELL	at h	Number of stories:	
PROPERTY OWNER	☐ TENANT	Type of construction:	
Name:		Occupancy groups:	
Address:		Existing:	
City/State/ZIP:			
Phone:	Fax:	New:	
E-mail:			
E-mail:  CONTACT PERSON		All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and	
Business name: INTER STATE I	2605416	may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the	
Contact name: LOLL ORNELA	following reasons apply:		
The state of the s			
Address: 15065 3W 747H	AUC.	1	
City/state/ZIP: / BRTLANO, C	City/State/ZIP: 120RTLAND, OR. 97224  Phone: 503-639-5611 Fax: 503-639-3056		
	<del>4</del>		
E-mall: RECEPTION @INTERST		BUILDING PERMIT FEES*	
CONTRA	* ************************************	Please refer to fee schedule	
Business name: INTERSTATE RODEING		Fees due upon application \$1377.71	
Address: 15 465 SW 747H	AVE.	Amount received	
City/State/ZIP: PORTLAND, OR.	97229		
City/State/ZIP: PORTLAND, OR. Phone: 503 - 684 - 5611	Fax: 503-639-3056	Dale received:	
CCB (Ic.: 55485		This permit application expires if a permit is not obtained	
Authorized Sorris Cern	elas	within 180 days after it has been accepted as complete  * Fee methodology set by Tri-County Building	
Print name:	Date:	Industry Service Board	

6-12-19

Form B70-1001

# ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

Building Division
Building Division
Building Division
Way / PO Box 4755
Peaverton, OR 97076
3) 526-2493 Fax: (503) 526-2550

OFFICE USE ONLY		
19	Permit No.: B2019-2633	
17	Ву: 1112	
	Payment Type:	

Beaverton

Print name:

Jeff Lee

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 Beaverton Oregon gov

	Deaverton Oregon, gov
Т	YPE OF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	■ Other: Solar
CATEGOR	RY OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INF	ORMATION AND LOCATION
Job site address: 5175 SW Chestnut	Ave, Beaverton, Oregon, 97005
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S114CA07900	
DESCI	RIPTION OF WORK
■ PROPERTY OWNER	☐ TENANT
Name: Karen Steinbock	
Address: 5175 SW Chestnut Ave, Be	averton, Oregon, 970
City/State/ZIP:	
Phone: 9714090709	Fax:
E-mail: karensteinbock@yahoo.con	n
■ APPLICANT	☐ CONTACT PERSON
Business name: Blue Raven Solar, LLC	;
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 840	03
Phone: 385-482-0045	Fax:
E-mail: permitting.department@bluer	avensolar.com
CO	NTRACTOR
Business name: Blue Raven Solar, LLC	<b>)</b>
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 8400	03
Рhопе: 385-482-0045	Fax:
CCB lic.: 210112	
Authorized signature:	

Date:

04/08/2019

REQUIRED DATA: 1- AN	ID 2-FAMILY DWELLING
Permit fees* are based on the val Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment.
Valuation 7,775.65	
Number, of bedrooms:	
Number of bathrooms:	***************************************
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMM	ERCIAL-USE CHECKLIST
Permit fees* are based on the val Indicate the value (rounded to the materials, labor, overhead, and th this application.	nearest dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOT	ICE
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and the jurisdiction in which work is
BUILDING PE	RMIT FEES*
Please refer to	fee schedule
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

# ELECTRONIC SUBMITTAL pment Department Building Division Jay / PO Box 4755 verton, OR 97076 Beaverton Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE USE ONLY		
Date Received: 07/17/2010	Permit No. B2019-3044	_
Date Issued:	Ву:	
CITY OF BEAL	Payment Type:	

OREGON	General Information (503) 526-2222	CITY	OF DE-	Payment Type:	-
	i BeavertonOregon.gov L	- OH -	OF BEAVERTON		
	TYPE OF WORK		DING DAUBIONAT	At 1- AND 2-FAM	AILY DWELLING
☐ New construction	Demolition		Permit fees* are based of Indicate the value (round	led to the nearest	dollar) of all equipment,
Addition/alteration/replacement	Other:		materials, labor, overhea this application.	d, and the profit f	or the work indicated on
CATEG	ORY OF CONSTRUCTION		Valuation		•
1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms		
☐ Accessory building	Muiti-family		Number of bathrooms		
☐ Master builder	Other:	,	Total number of floors	:	
	FORMATION AND LOCATION		New dwelling area:		square feet
N= 1	rray Blva		Garage/carport area:		square feet
City/State/ZIP: JEANCHON	2 97005	1	Covered porch area:		square feet
Sulte/bldg./apt. no.:	Project name: State Oresk A	)LZ ·	Deck area:		square feet
Cross street/directions to job site:	in Community N		Other structure area:		square feet
SW MUMAY BWA W	lest of Farmington Rd		REQUIRED DATA	COMMERCIAL	USE CHECKLIST
Subdivision:	Lot no.:		Permit fees* are based o Indicate the value (round		
Tax map/parcel no.:			materials, labor, overhea this application.		
) DES	CRIPTION OF WORK			\$100,000	
Replace Selective Stave	s (dry rot issues)		Existing building area:		square feet
replace to			New building area:		square feet
	•		Number of stories:		
PROPERTY OWNER	☐ TENANT		Type of construction:	V-1 W:	
Name: 5005 Amrt Ment	CLIC		Occupancy groups:	V-L VVV	
Address: Do box 3969					
	R 97209		Existing:	·	
Phone: 503 150 0230	Fax: 503 450 0241		New: V/A		
E-mail: IP@cresapts				NOTICE	
JE APPLICANT	☐ CONTACT PERSON		All contractors and subco the Oregon Construction		
Business name: Chown Room	n Archytect/110		may be required to be lice being performed. If the ap		
Contact name: Say Row	TOY.		following reasons apply:	<u> </u>	
Address: GIUU No. Ven	A ST				
City/State/ZIP: POV-1/2000	0R 97213				
Phone: 971 506 7426	Fax:			*	
E-mail: SKrarchitect @	e a man com				
	CONTRACTOR		BUILD	DING PERMIT F	EES*
Business name: Erin ICE C	enstruction, inc.		Pleas	e refer to fee sch	edule
Address: 1120 CW Wayst			Fees due upon application	ภ	\$1,362.30 <u> </u>
City/State/ZIP: TVQ Qtn OR			Amount received		
Phone: 503-691-9096	, Fax: 503 - 691 - 9410		Date received:	<u> </u>	
CCB IIc.: 107928			This permit application	on expires if a m	ermit is not obtained
Authorized signature:			within 180 days afte		

Date: 7 - 6 - 9

Steven Routon Architect,

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE U	JSE ONLY
Date Received:	Permit No.: 8200-300=
Date Issued: 7-17-17	By: Clerch
	Payment Type: MCA

¶ O R E G O N ⊃O	BeavertonOregon.gov	Payment Type, 1000
TYPE	OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
	☑ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
New construction	C) Other:	materials, labor, overhead, and the profit for the work indicated on
Addition/alteration/replacement	OF CONSTRUCTION	this application.
	☐ Commercial/industrial	Number, of bedrooms:
Accessory building	☐ Multi-family	Number of bathrooms:
Master builder	Other:	
	MATION AND LOCATION	Total number of floors:  New dwelling area: square feet
Job site address: 6780 SW Hall Blvd		
City/State/ZIP: Beaverton, OR 9700	В	
Suite/bldg./apt. no.:	Project name:	Covered porch area: square feet
	Blvd between Sussex(N) & Denny(S	Deck area: square feet
	, ,	Other structure area: square reet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision: Barnes Acres	Lot no.: 5	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
Tax map/parcel no.: 1S122BC00300		materials, labor, overhead, and the profit for the work indicated on this application.
	PTION OF WORK	Valuation
Demolition of detached single fam	ily residence.	Existing building area: square feet
		New building area: square feet
		Number of stories:
	☐ TENANT	Type of construction:
Name: John Lee		Occupancy groups;
Address: 14425 SW Allen Blvd		Existing:
City/State/ZIP: Beaverton, OR		New:
Phone:(503) 267-9118	Fax:	NOTICE
E-mail:		All contractors and subcontractors are required to be licensed with
	☐ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: Evergreen NW Inc		being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name: Chris Lee		
Address: 477 NE 62nd Ave		
City/State/ZIP: Hillsboro, OR 97124		
Phone: (503) 307-7117	Fax:	
E-mail: Chris.EvergreenNWInc@gr	nail.com	BUILDING PERMIT FEES*
	ITRACTOR	Please refer to fee schedule
Business name: LOI Environmental 8	Demolition Services	
Address: 5930 Jean Rd		Fees due upon application
City/State/ZIP: Lake Oswego, OR 9		Amount received
Phone:(503) 245-6460	Fax:	Date received:
CCB lic.:38052		This permit application expires if a permit is not obtained
Authorized signature:		within 180 days after it has been accepted as complete
Print name:	Date:	* Fee methodology set by Tri-County Building     Industry Service Board

07/17/19

Chris Lee

Form B70-1001



Petrisor

Adrian

Print name:

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFICE (	JSE ONLY
Date Received: 7~ 18-19	Permit No.: 8209-2071
Date Issued: 7 - 18-19	By: New
	Payment Type:

VONE GON CON	BeavertonOregon.gov	Payment Type:		
TYPE (	OF WORK	REQUIRED DATA: 1- AND 2-FAM	AILY DWELLING	
☐ New construction	☐ Demolition	Permit fees* are based on the value of the		
Addition/alteration/replacement	Other:	Indicate the value (rounded to the nearest dollar) of all equipmaterials, labor, overhead, and the profit for the work indicate		
	CONSTRUCTION	this application.		
1- and 2-family dwelling	☐ Commerciat/industrial	Valuation \$\5000  Number, of bedrooms:	<del></del>	
☐ Accessory building	☐ Multi-family			
☐ Master builder	☐ Other:	Number of bathrooms:		
	ATION AND LOCATION	Total number of floors:		
Job site address: \6065 SW F\	icker Cti	New dwelling area:	square feet	
City/State/ZIP: Beaverton /OR	197007	Garage/carport area:	square feet	
Suite/bldg./apt. no.:	Project name:	Covered porch area: `	square feet	
Cross street/directions to job site:		Deck area: 550	square feet	
0,000 0,000 0,000		Other structure area:	square feet	
		REQUIRED DATA: COMMERCIAL	-USE CHECKLIST	
Subdivision:	Lot no.:	Permit fees* are based on the value of the Indicate the value (rounded to the nearest		
Tax map/parcel no.:		materials, labor, overhead, and the profit this application.		
DESCRIPTI	ON OF WORK	Valuation		
Replacing Deak Like	for like	Existing building area:	square feet	
) veic		New building area:	square feet	
		Number of stories:	<u> </u>	
D PROPERTY OWNER	☐ TENANT	Type of construction:		
Name: Troy Madson		Occupancy groups:		
Address: 16065 SW Flicker	Ct.	Existing:		
	17007	New:		
Phone: 503 - 250 - 1491	Fax:	NOTICE		
E-mail:			autrast to be licensed with	
☑ APPLICANT	☐ CONTACT PERSON	All contractors and subcontractors are rec the Oregon Construction Contractors Boa	ard under ORS 701 and	
Business name: Adrian's Quality Fencing & Decks		being performed. If the applicant is exemp	may be required to be licensed in the jurisdiction in which work I being performed. If the applicant is exempt from licensing, the	
Contact name: Adding Petrisor	3	following reasons apply:		
	Ave			
City/State/ZIP: Beaver ten / OR /	197083			
Phone: 503 -209- 9216	Fax:			
E-mall: info & adrians com				
CONTR	ACTOR	BUILDING PERMIT	FEES*	
Business name: Adrians Quality F	encing of Packs	Please refer to fee sci	hedule	
Address: 3115 SW 211th Au	<u> </u>	Fees due upon application		
	7003	Amount received		
Phone: 503-709-9216	Fax:	Date received:	<del></del>	
CCB lic.: 64660		This county and in the surface is a .	normit le net obtained	
Authorized Adian Patrisa		This permit application expires if a position within 180 days after it has been as		

Date: 7-17-19

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REF: B2019-1827



Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon.gov

OFFICE USE ONLY		
Date Received:	Permit No.: PS2019 - 3010	
Date Issued:	By: Clell	
·	Payment Type:	

☐ New construction	☑ Addition/alter ☐ Other:			
	CATEGORY OF	CONSTRUCT	ON	
<b>I</b> 1- and 2-family dwelling ☐ Multi-family	☐ Commercial/ ☐ Master builde	☐ Commercial/industrial ☐ Accessory building ☐ Master builder ☐ Other:		6
	JOB SITE INFORMAT			
Job no.:	Job address: /5	785	S.W. MELINJA	
City/State/ZIP:	BEAVER.	70~	OR 97007	3,3.5
Suite/bldg./apt. no.:		Project name	o:	Re
Cross street/directions to job	site:			1,0
Subdivision:		Lot no.:		E
Tax map/parcel no.:				$\vdash$
	DESCRIPTIO	N OF WORK		
111.	and the contract of the contra	332-342-442-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	- " 1 P 1 9 C	20
14 00 LV	on or is	ピン <i>10</i> 00	om of BAGA	20
PROPERTY	OWNER		☐ TENANT	40
		1	The second section of the second section of the second section of the second section s	60
Name: $\mathcal{H}/\mathcal{Q}\mathcal{A}$	L PANI	) Y+1		O
Address: 1578	35 S.W.	MGZI	NDA ()Y.	U
City/State/ZIP:	AN ENTON	000	97007	Te re
Phone: 503-20		1	7	20
				40
E-mail: RD981LC	•			60
Owner installation: This in: sale, lease, rent, or exch <b>ிழ</b>		on property the	at I own, which is not intended for	В
Owner signature:	139		Date: 5-16-19	Α.
IL APPLIC	CANT		CONTACT PERSON	В.
Business name:				
Contact name:	TEVE [	12051	*	E
	000	100	2/	M
Address:	100× /	<u> </u>	0	E:
City/State/ZIP:	ORTCAN	<u>v</u> 0	R 97291	Р
Phone: 503-201-	8473	Fax:		S
E-mail: stevedou		YAHOO.	com	S
L-mail & / EUX BLUX	CONTRA	er and a supplemental		
	COMM	101011		E
Business name:				0
Address:				al P
			- Little	In
City/State/ZIP:		Fax:	And the state of t	0
		CCB lic. no.	:	E
Phone:		000 1101 1101		1
Phone: E-mail:	ANY COLUMN TO THE COLUMN TO TH	City or metro	o lic.:	
City/State/ZIP: Phone: E-mall: Electrical lic. no.: Supervising electrician signature, required:	de Larrey. Mills har Black.		o lic.:	
Phone: E-mail: Electrical lic. no.: Supervising electrician signature, required:	ing Das	City or metro	o lic.:	
Phone: E-mail: Electrical lic. no.: Supervising electrician signature, required:	eves Das	City or metro	dille	T

			WYW/	Martina
PLAN	REVIEW			
Please check all that apply:	☐ Serv	ice or feede	r over 600 amp	s
☐ Service or feeder 400amps			ree stories	- 1
or more	<u> </u>	nas and bo ting buildin	-	
☐ Fire pump ☐ Emergency system			ys e agricultural	
☐ Addition of new motor	1 —	lings	o agricana	
load of 100HP or more			0 KVA or large	r
Six or more residential units		rately derive		ı
Health-care facilities	(A,"	E, "F2," T-3	l" occupancy shicle parks	
☐ Hazardous locations FEE S			micie parks	in con
Description PEE 3	Qty.	Fee	Total	*
Residential single- or multi-fam				
includes attached garage	ijiy uvici	iiii8 miir		
1,000 sq. ft. or less		194.64	0.00	4
Ea. add'l 500 sq. ft. or portion		34.77	0.00	
Limited energy, residential	-		0.00	2
(with above sq. ft.)		46.42	0.00	
Limited energy, multi-family		91.72	0.00	2
residential (with above sq. ft.) Services or feeders installation	alterati	on and/or	relocation	
	1	115.83	0.00	2
200 amps or less		137.89	0.00	2
201 amps to 400 amps				
401 amps to 600 amps		229.34	0.00	2
601 amps to 1,000 amps		299.93	0.00	2
Over 1,000 amps or volts		690.22	0.00	2
Utility reconnect		91.72	0.00	1
Temporary services or feeders	installa	lion, altera	tion, and/or	
relocation	sziságustsági fi	01.72	0.00	2
200 amps or less		91.72	0.00	2
201 amps to 400 amps	+	127.41		
401 amps to 600 amps	_	184.11	0.00	2
601 amps to 1,000 amps		225.29	0.00	2
Branch circuits – new, alteration	on, or ex	tension, p	er panel	
A. Fee for branch circuits with above service or feeder fee,	2	4.26	0.00	2
each branch circuit		4.20	0.00	_
B. Fee for branch circuits				
without service or feeder fee,		81.14	0.00	2
first branch circuit	+	4.26	0.00	
Each add'l branch circuit	ar mat In		0.00	
Miscellaneous (service or feed Each manufactured or modular	er not m			3 444400
dwelling, service, and/or feeder		91.72	0.00	2
Pump or irrigation circle		91.72	0.00	2
Sign or outline lighting		91.72	0.00	2
Signal circuit(s) or limited-energy	,	T		<b> </b>
panel, alteration, or	-	91.72	0.00	2
extension. Describe:		"""		i
P-1-3-161	333	+		<del>                                     </del>
Each additional inspection over allowable in any of the				[
above	Č.			
Per inspection		81.14	0.00	<del>                                     </del>
Investigation fee		1 31117		
		+	<del> </del>	<del> </del>
Other:	18000000		late Fees	L
Electrical permit fees	Sections	Caicu		<b>2)</b> _ A
SUI	BTOTAL		124:	U.(9)
Plan review (25	% of pe	rmit fee)		
C4-4	0/ of ==	rmit fool		<b>0</b> 00
State surcharge (12	State surcharge (12% of permit fee) 0.00			

ermit application expires if a permit is not obtained within 180 days after it has been accepted as complete er of inspections allowed per permit.

TOTAL PERMIT FEE

\$0.00

**REV 10/17** 

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Date Received:

Date Issued:

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	JSE ONLY		
24-19	Permit No.: B	019-27	19
719	ву: ८(€		
	Payment Type:	necl	

	BeavertonOregon.gov L		~4KC-C	
ТҮРЕ О	F WORK	REQUIRED DATA: 1- AND 2-FA	AMILY DWELLING	
New construction	☐ Demolition	Permit fees* are based on the value of the Indicate the value (rounded to the nearest	ne work performed.	
☐ Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indic this application.		
	CONSTRUCTION	Valuation		
1) and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms: 4		
☐ Accessory building	☐ Multi-family	Number of bathrooms: 3		
☐ Master builder	Other:			
	ION AND LOCATION	Total number of floors:	20 1/	
Job site address: 7410 810 7	RYGAUD	1	Esquare feet 331/	
City/State/ZIP: Profile Identify	NR 97223		C square feet (06)	
Suite/bldg_/apt. no.:	Project name:	Covered porch area: 280	square feet	
Cross street/directions to job site:		Deck area:	square feet	
Garden Home	2 d	Other structure area:	square feet	
		REQUIRED DATA: COMMERCIA	L-USE CHECKLIST	
Subdivision: Garden Ho-ene Celi	reend: Lot#2	Permit fees* are based on the value of the Indicate the value (rounded to the nearest		
Tax map/parcel no.:		materials, labor, overhead, and the profit	for the work indicated on	
DESCRIPTIO		this application.  Valuation		
Buddens a resident	al Dwelly.		square feet	
700/20	ď	Existing building area:		
		New building area:	square feet	
		Number of stories:		
PROPERTY OWNER	☐ TENANT	Type of construction:		
Name: Advaulla C	elstom Homes //2	Occupancy groups:		
Address: 6030 SW ORC	luid ST	Existing:		
City/State/ZIP:		New:		
Phone: 503-901-6426	Fax:	NOTICE		
E-mail: Makhlou @ Yalu		All contractors and subcontractors are re	quired to be licensed with	
APPLICANT	CONTACT PERSON	the Oregon Construction Contractors Bos may be required to be licensed in the juri	ard under ORS 701 and isdiction in which work is	
Business name: Advalled (	eistom Homes. 11c	being performed. If the applicant is exempt from licensing, the following reasons apply:		
Contact name: Marsha	Rakhlin	tollowing roductio apply.	:	
Address: 6430 SW ORCH	ider		`	
City/State/ZIP: Beaucifo-4. O.	R. 9723	1		
Phone: 503-901-6426	Fax:			
E-mail:				
CONTRAC	BUILDING PERMIT FEES*			
Business name: A LUXIVED &	Creston Homes /1c	Please refer to fee so	hedule	
Address: 6420 SW O	Rollid St.	Fees due upon application	1,723,99	
City/State/ZIP: BEAWELLON.	OR. 97219	Amount received		
Phone: (503) 901-6426	Fax:	Date received:		
CCB lie # 167026		T1.1	normit is not obtained	
Authorized		This permit application expires if a within 180 days after it has been a		
signature:		t For an the delegation to the Tri Cour	ata Dullding	

Marsha Rakhlik Date:

Print name:

Fee methodology set by Tri-County Bullding Industry Service Board

Form B70-1001



Print name:

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General information (503) 526-2222

OFFICE USE ONLY			
Date Received: 7/17/19	Permit No.:167.019-3050		
Date Issued: 7 17 - 10	By: NEUV		
	Payment Type:		

•	Beaverton Oregon.gov		1 bymont typo.	
TYPE	OF WORK	REQUIRED	DATA::1. AND 2-FAMILY DWELL!	NG
□ New construction	☐ Demolition	Permit fees' are bas	ed on the value of the work perform	ed.
☑ Addition/alteration/replacement	Other:	materials, labor, ove	ounded to the nearest dollar) of all e irhead, and the profit for the work in	duipment, dicated on
	F CONSTRUCTION	this application.  Valuation		
1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedro	oms:	<del>4-11-11-1-1</del>
☐ Accessory building	☐ Multi-family	Number of bathro		
☐ Master builder	Other:	Total number of fi		., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
JOB SITE INFORM	ATION AND LOCATION			
Job site address: 9300 SW Nimbus Ave	Special and a statistical secretarial and a state of married and a state of statistical and a state of state of statistical and a state of statistical and a state of statistical and a state of statistical and a state of statistical and a state of statistical and a state of statistical and a state of statistical and a state of state of state of state of statistical and a state of	New dwelling area		······································
City/State/ZIP: Beaverton / OR / 97008		Garage/carport ar		****
Suite/bidg./apt. no.:	Project name: Vesta T.I.	Covered porch an	ee: square feet	
Cross street/directions to job site:		Deck area:	square feet	
,		Other structure ar	rea: square feet	/ - Name of the same of the same
		一点は大きなない。	ATA: COMMERCIAL-USE CHECK	State Common Contract
Subdivision:	Lot no.:	Indicate the value (no	ed on the value of the work perform ounded to the nearest dollar) of all e	quipment,
Tex map/parcel no.: 1S127DA00400		materials, labor, over this application.	rhead, and the profit for the work inc	ticated on
DESCRIPTI	ON OF WORK	Valuation	\$	160,000
Tenant Improvement		Existing building a		6,018
		New building area	ı: square feet	same
		Number of stories	· · · · · · · · · · · · · · · · · · ·	
☑ PROPERTY OWNER	☐ TENANT	Type of constructi	ion: Tenant Impro	vemen
Name: Kidder Mathews		Occupancy group	s:	
Address: 101 SW Main St, Suite 1200		Existing:		Laboratoria de la constantina della constantina
City/State/ZIP: Portland / OR / 97204		New:		
Phone: (503) 721-2729	Fax:		NOTICE	
E-mail: kane.thomas@kidder.com		All contractors and 6	ubcontractors are required to be lice	ensed with
☑ APPLICANT	☐ CONTACT PERSON	the Oregon Construc	ction Contractors Board under ORS be licensed in the jurisdiction in which	701 and
Business name: Robert Todd Construction	on	being performed. If ti	he applicant is exempt from licensin	g, the
Contact name: Todd Lopiparo		losomity reasons ap	P'75	
Address: 4080 SE International Way, S	Suite B-113			
City/State/ZIP: Milwaukie, OR 97222				
Phone: (503) 653-5704	Fax;			
E-mall: todd@roberttoddconstruction.c	om	. acceptant and acceptant and acceptant and acceptant and acceptant and acceptant and acceptant and acceptant and acceptant and acceptant acceptant and acceptant acce		W-MG2 tracket
CONTR	ACTOR	В	UILDING PERMIT FEES!	
Business name: Robert Todd Construction	on	P	lease refer to fee schedule	
Address: 40802 SE International Way,	Suite B-113	Fees due upon appli	cation	
City/State/ZIP: Milwaukie / OR / 97222		Amount received		
Phone: (503) 653-5704	Fax:	Date received:		
CCB IIc.: 98517		This named real	cation expires if a permit is not o	btained
Authorized Kam Mahr		within 180 days	after it has been accepted as cor	nplete

Date: 7-16-2019

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Jeff Lee

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2222
General Information (503) 526-2222

OFFICE	USE ONLY
Date Received 7/16/2010	Permit No. B2019-3031
Date Issued:	Ву:
CITY OF REAVEDTON	Payment Type:

	Beaverton Oregon, gov	BUILDING DIXISIDADATA AND ZEAMI YOWELLING
ΤΥI	PE OF WORK	REGUIRED DATA; ("AND ATTAINE", DITCELING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
☐ Addition/alteration/replacement	Other: Solar PV System	materials, labor, overhead, and the profit for the work indicated on this application.
	OF CONSTRUCTION	Valuation 11,546.76
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	☐ Other:	Total number of floors:
JOB SITE INFO	RMATION AND LOCATION	New dwelling area: square feet
Job site address: 12855 Southwest 17th Street	et, Beaverton, Oregon, 97008, United Stat	Garage/carport area: square feet
City/State/ZIP:		Covered porch area: square feet
Suite/bldg./apt. no.:	Project name:	Deck area: square feet
Cross street/directions to job site:		Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed.
Tax map/parcel no.:		Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
	IPTION OF WORK	this application.
	5.50 LAM	Valuation
Residential Rooftop Solar PV Sy	stem 5.58 kW	Existing building area: square feet
		New building area: square feet
		Number of stories:
PROPERTY OWNER	☐ TENANT	Type of construction:
Name: Lindsay Laing		Occupancy groups:
Address: 12855 Southwest 17th S	Street, Beaverton, Oregon, 9700	ted St Existing:
City/State/ZIP:		New:
Phone:	Fax:	NOTICE
E-mail:		All contractors and subcontractors are required to be licensed with
☑ APPLICANT	CONTACT PERS	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: Blue Raven Solar LL	.C	being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name: Lesly Bee		
Address: 1403 North Research Wa	ЗУ	
City/State/ZIP: Orem, UT 84097		
Phone: 385-482-0045	Fax:	
E-mall: permitting.department@b		BUILDING PERMIT FEES*
	ONTRACTOR	Please refer to fee schedule
Business name: Blue Raven Solar L		Fees due upon application \$207.20
Address: 1403 North Research W	dy	Amount received
City/State/ZIP: Orem, UT 84097	Fou	Date received:
Phone: 385-482-0045	Fax:	
CCB IIc.: 210112	Mary Mary Anna	This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
Authorized signature: Jeffrey Le	Le Company of the Com	Within 100 days and 1 that December Pullding

07/15/2019

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Jason Samek

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY			
Date Received:	1-11a	Permit No. BO	
Date Issued:	1711	By: CleW,	
•		Payment Type:	

<b>,</b> — — — — — — — — — — — — —	BeavertonOregon.gov	Payment Type:	(3) NO O K_	
TYPE O		REQUIRED DATA: 1- AND 2-FA	ANIL V DIMELLIANC	
☐ New construction	☑ Demolition	Permit fees* are based on the value of th		
☐ Addition/alteration/replacement	Other:	Indicate the value (rounded to the neares materials, labor, overhead, and the profit	t dollar) of all equipment,	
CATEGORY OF	CONSTRUCTION	this application.		
1- and 2-family dwelling	☑ Commercial/industrial			
☐ Accessory building	☐ Multi-family	Number, of bedrooms:		
☐ Master builder	Other:	Number of bathrooms:		
JOB SITE INFORMAT	ION AND LOCATION	Total number of floors:		
Job site address: 11375 SW Center Street		New dwelling area:	square feet	
City/State/ZIP: Beaverton, Oregon 97005	<del></del>	Garage/carport area:	square feet	
Suite/bldg./apt. no.;	Project name: ACMA	Covered porch area:	square feet	
Cross street/directions to job site:	1	Deck area:	square feet	
•		Other structure area:	square feet	
	<b>-</b>	REQUIRED DATA: COMMERCIAL	-USE CHECKLIST	
Subdivision:	Lot no.:	Permit fees* are based on the value of the		
Tax map/parcal no.:		Indicate the value (rounded to the neares materials, labor, overhead, and the profit		
DESCRIPTION	N OF WORK	this application.  Valuation	227.000	
Demolition of Arts & Communications	Magnet Academy.	Existing building area:	337,000 square feet 49,638	
		New building area;	square feet 75,856	
		Number of stories:		
☑ PROPERTY OWNER	☐ TENANT	Type of construction:	two	
Name: Beaverton School District				
Address: 16550 SW Merlo Road		Occupancy groups:		
City/State/ZIP: Beaverton, OR 97003		Existing:		
Phone: (503) 356-4500	Fax	New:		
E-mail:		NOTICE	·	
☐ APPLICANT	☑ CONTACT PERSON	All contractors and subcontractors are req the Oregon Construction Contractors Boa		
Business name: Beaverton School District	<u> </u>	may be required to be licensed in the juris being performed. If the applicant is exemp		
Contact name: Leslie Imes		following reasons apply:		
Address: 16550 SW Merlo Road				
City/State/ZIP: Beaverton, OR 97003				
Phone: (503) 601-9830	Fax:			
E-mail: Leslie_Imes@beaverton.k12.or.	us			
CONTRAC		BUILDING PERMIT F	EES*	
Business name: Elder Demolition		Please refer to fee sch	edule	
Address: 6400 SE 101st ave Suite 201		Fees due upon application		
City/State/ZIP: Portland, Or 97266	· · · · · · · · · · · · · · · · · · ·	Amount received		
Phone: (503) 760-6330	Fax: (503) 760-2266	Date received:	<u> </u>	
CCB lic.: 121650				
Authorized signature:	)	This permit application expires if a p within 180 days after it has been ac		

Date:

07/09/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

# ELECTRONIC SUBMITTAL evelopment Department Building Division SEE 1:/BLDG DIV WG-8... kan Way / PO Box 4755

Beaverton, OR 97076

Beaverton

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY Permit No.: B2019-2178 Date Received: 5-22-1Date Issued:

, , , , , , , , , , , , , , , , , , , ,	Bea	vertonOregon.gov		1119/2019	Payment Type	*
TYPE(O	F WORK			REQUIRED DA	TA: 1- AND 2-FA	MILY DWELLING
☐ New construction	☐ Demolillo	1 .		Permit fees* are based	on the value of the	ne work performed. st dollar) of all equipment.
	☐ Other;			materials, labor, overhe		for the work indicated on
CATEGORY OF	CONSTRUCTION	NC NC		this application.	·	
1- and 2-family dwelling	☐ Commerc	ial/industrial		Number, of bedroom		
☐ Accessory building	Multi-fami	у		Number of ballyroom		
☐ Master builder	☐ Other:		·	Total number of floors		
JOB SITE INFORMAT	ION AND LO	ATION		New dwelling area:	J	square feet
Job sile address: 6570 500 Wenles	Ar UV	lit 12				
City/State/ZIP: Beuschon OR		700g		Garage/carport area:		square feet
Suite/bidg./apt. no.: (2		F:C grove a	belos	Covered porch area:	······································	square feet
Cross street/directions to job site:				Deck area:		square feet
Allen		As .	,	Other structure area:		square feet
Subdivision:	Lot no.;	*			がなどは発生の発生の対象	-USE CHECKLIST
Tax map/parcel no.:	LOCIIO.,				ied to the nearest	t dollar) of all equipment,
DESCRIPTION	I OE WORK			this application.	d, and the profit	for the work indicated on
4.4				Valuation		
therrough of Existing a	laik	n C11		Existing building area	•	square feet
Perious of Exists . Replace with new 1 Rost Added	w Su	we horn bur	( <del>)</del>	New building area:		square feet
				Number of stories:		
PROPERTY OWNER		☐ TENANT		Type of construction:		
Name: Guardian feel Est	ate 3	ervices		Occupancy groups:		
Address: 760 SW 9+44	Ave	22 00		Existing:		
City/State/ZIP: 1514 1m	OR	97205		New:		
Phone: 503 802 3600	Fax:	**			NOTICE	
E-mail:	A de la la color pagago a capago a			All contractors and subco		ulrad to be licensed with
<b>本</b> APPLICANT		CONTACT PERSON		the Oregon Construction may be required to be lice	Contractors Boar	rd under ORS 701 and
	achig			being performed. If the ap following reasons apply:		
Contact name: Poss Referen	<u>'</u>			tolowing reasons apply.		
	chard	God -				
	<u> </u>	97123				
Phone: 503 820 9480	Fax:					
E-mail: Effoss contractions	B G-Mar	7. com	NAME AND ADDRESS OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER			
CONTRÁCI	ror			The second control of the second seco	ING PERMIT F	
Business name: 5+055 Coutroc	201			Please	e refer to fee sche	3dule
Address: 502 NE 29th	Auc			Fees due upon application	n .	
City/State/ZIP: Rochland	> K			Amount received		lenunder to the second
	Fax:	<del>*************************************</del>		Date received:		
CCB IIc.: 317 569				This permit application		
Authorized signature:				within 180 days after	r It has been acc	cepted as complete
Print name: Ross . Retegan		Date: 5-22 -	19	<ul> <li>Fee methodology se Industry Service Box</li> </ul>		/ Dunaing

Form B70-1001

## CTRONIC SUBMITTAL Permit Application SEE I:/BLDG DIV WG-8 Development Department

Print name:

**Bullding Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY Permit No.: B2019-2179 Date Received: 5 Date Issued: Payment Type:

·	Beaverton Óregon, gov
TYPE O	F WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	Other:
CATEGORY OF	CONSTRUCTION
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	Multi-family
☐ Master builder	Other:
JOB SITE INFORMAT	, ION AND LOCATION
Job site address: 6050 SW	Menlo Dr Unit 16
City/State/ZIP: BCV2/402	BR 97008
Sulte/bldg./apt. no.:	Project name: Firgrove olecies
Cross street/directions to job site:	
Allen	
Subdivision:	Lot no.:
Tax map/parcel no.:	Lot no.:
DESCRIPTION	N OF WORK
The state of the s	The first of the second section of the second second second second section is a second second second second sec
Revuval of Existing	their and an and
Beplace ver in Exis	this restaurant
1 Post Added	
DCPROPERTY OWNER	□ TENANT:
Name: Guardren Teal Ex	state Services c # 22000
Address: 760 9W 9+11 Ac	c # 22000
City/State/ZIP: Particul 0	R 97205
Phone: 503 802 3600	Fax:
E-mail:	
	☐ CONTACT PERSON
Business name: STOSS COUT	ractus.
Contact name: Ross Persers	en
Address: 1468 SE Blanc	chand of
City/State/ZIP: HF1/S)2000 0	B 97123
Phone: 503 820 -9480	Fax:
E-mall: Stross Contract	me & bmail. con
CONTRAC	TOR
Business name: STross contro	actma
Address: 502 NE 29-	the Acc
City/State/ZIP: Portland	
Phone: 503 896 7007	Fax:
CCB lia: 217569	
Authorized RAD	

Permit fees* are based on the value of the work perform indicate the value (rounded to the nearest dollar) of all ermaterials, labor, overhead, and the profit for the work Indititis application.  Valuation 6725,60  Number, of bedrooms:  Number of bathrooms:  Total number of floors:  New dwelling area: square feet  Garage/carport area: square feet  Deck area: square feet  REQUIRED DATA: COMMERCIAL-USE CHECKLE  Permit fees* are based on the value of the work performe indicate the value (rounded to the nearest dollar) of all echapters.	ed, quipment,
Indicate the value (rounded to the nearest dollar) of all er materials, labor, overhead, and the profit for the work indicate this application.  Valuation 6925.60  Number of bedrooms:  Number of bathrooms:  Total number of floors:  New dwelling area: square feet  Garage/carport area: square feet  Covered porch area: square feet  Deck area: square feet  Other structure area: square feet  REQUIRED DATA::COMMERCIAL-USE:CHECKL  Permit fees* are based on the value of the work performs indicate the value (rounded to the nearest dollar) of all ec	quipment,
Number, of bedrooms:  Number of bathrooms:  Total number of floors:  New dwelling area: square feet  Garage/carport area: square feet  Covered porch area: square feet  Deck area: square feet  Other structure area: square feet  REQUIRED DATA::COMMERCIAL*USE:CHECKL  Permit fees* are based on the value of the work performs Indicate the value (rounded to the nearest dollar) of all see	
Number of bathrooms:  Total number of floors:  New dwelling area: square feet  Garage/carport area: square feet  Covered porch area: square feet  Deck area: square feet  Other structure area: square feet  REQUIRED DATA::COMMERCIAL-USE:CHECKL  Permit fees* are based on the value of the work performs indicate the value (rounded to the nearest dollar) of all see	
Total number of floors:  New dwelling area: square feet Garage/carport area: square feet Covered porch area: square feet Deck area: square feet Other structure area: square feet REQUIRED DATA::COMMERCIAL-USE:CHECKL Permit fees* are based on the value of the work performs Indicate the value (rounded to the nearest dollar) of all see	
New dwelling area: square feet Garage/carport area: square feet Covered porch area: square feet Deck area: square feet Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKL Permit fees* are based on the value of the work performs Indicate the value (rounded to the pearest dollar) of all see	
Garage/carport area: square feet  Covered porch area: square feet  Deck area: square feet  Other structure area: square feet  REQUIRED DATA::COMMERCIAL-USE:CHECKL  Permit fees* are based on the value of the work performs indicate the value (rounded to the nearest dollar) of all see	
Covered porch area; square feet  Deck area: square feet  Other structure area: square feet  REQUIRED DATA: COMMERCIAL-USE CHECKL  Permit fees* are based on the value of the work performs Indicate the value (rounded to the nearest dollar) of all see	
Deck area: square feet  Other structure area: square feet  REQUIRED DATA: COMMERCIAL-USE CHECKL  Permit fees* are based on the value of the work performs Indicate the value (rounded to the nearest dollar) of all se	
Other structure area: square feet  REQUIRED DATA: COMMERCIAL-USE CHECKL  Permit fees* are based on the value of the work performs Indicate the value (rounded to the nearest dollar) of all ec	
REQUIRED DATA: COMMERCIAL-USE CHECKL  Permit fees* are based on the value of the work performs Indicate the value (rounded to the nearest dollar) of all ec	
REQUIRED DATA: COMMERCIAL USE CHECKL  Permit fees* are based on the value of the work performs  Indicate the value (rounded to the nearest dollar) of all ec	•
Indicate the value (rounded to the nearest dollar) of all ed	
malerials, labor, overhead, and the profit for the work indi this application.	guipment.
Valuation	
Existing building area: square feet	
New building area: square feet	
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
14014	
NOTICE NOTICE	
	work is
All contractors and subcontractors are required to be licer the Oregon Construction Contractors Board under ORS 7 may be required to be licensed in the jurisdiction in which being performed. If the applicant is exempt from licensing following reasons apply:	work is
NOTICE  All contractors and subcontractors are required to be licer the Oregon Construction Contractors Board under ORS 7 may be required to be licensed in the jurisdiction in which being performed. If the applicant is exempt from licensing following reasons apply:  BUILDING PERMIT: FEES*	work is
NOTICE  All contractors and subcontractors are required to be licer the Oregon Construction Contractors Board under ORS 7 may be required to be licensed in the jurisdiction in which being performed. If the applicant is exempt from licensing following reasons apply:  BUILDING PERMIT FEES*  Please refer to fee schedule	work is
NOTICE  All contractors and subcontractors are required to be licer the Oregon Construction Contractors Board under ORS 7 may be required to be licensed in the jurisdiction in which being performed. If the applicant is exempt from licensing following reasons apply:  BUILDING PERMIT: FEES*	work is

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

**KELLY GEIGER** 

**Community Development Department Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 Beaverton Óregon, gov

OFFICE USE ONLY			
Date Received:		Permit Nd 3019 - 0901	
Date Issued:	MARY 1715 19999	(9k~	
		Payment Type:	

www.per.ive

	Douver to Indicate Spanish and the spanish and	BUILDING SERVICES DIVISION		
J	YPE OF WORK	REQUIRED DATA: 1- AND 2-		
✓ New construction	☐ Demolition	Permit fees* are based on the value of indicate the value (rounded to the near		
☐ Addition/alteration/replacement	Other:	materials, labor, overhead, and the pr	ofit for the work indicated on	
CATEGOI	RY OF CONSTRUCTION	Valuation	495,274.12	
☑ 1- and 2-family dwelling	☐ Commercial/Industrial	Number, of bedrooms:		
☐ Accessory building	☐ Multi-family	Number of bathrooms:		
☐ Master builder	☐ Other:	Total number of floors:		
JOB SITE INF	ORMATION AND LOCATION	New dwelling area:	square feet 3784	
Job site address:2895 SW WEST PO	OINT AVE	Garage/carport area:	square feet 82	
City/State/ZIP:PORTLAND OREGO	N 97225			
Suite/bldg./apt. no.:	Project name:	Covered porch area:	square feet 352	
Cross street/directions to job site:	•	Deck area:	square feet	
		Other structure area:	square feet	
		REQUIRED DATA: COMMERC		
Subdivision:	Lot no.:	Permit fees* are based on the value of indicate the value (rounded to the near	arest dollar) of all equipment,	
Tax map/parcel no.:		materials, labor, overhead, and the put this application.	ofit for the work indicated on	
	RIPTION OF WORK	Valuation		
NSFR ON A VACANT LOT		Existing building area:	square feet	
:		New building area:	square feet	
		Number of stories:	A	
☑ PROPERTY OWNER	☐ TENANT	Type of construction:		
Name: RENAISSANCE HOMES		Occupancy groups:	*	
Address: 16771 BOONES FERRY	ROAD	Existing:		
City/State/ZiP:LAKE OSWEGO OR	EGON 97035	New:	**************************************	
Phone: (503) 636-5600	Fax:	NOTICE		
E-mail:KGEIGER@RENAISSAN	CE-HOMES.COM			
☑ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractors	All contractors and subcontractors are required to be licensed will the Oregon Construction Contractors Board under ORS 701 and	
Business name: RENAISSANCE HC	OMES	may be required to be licensed in the being performed. If the applicant is ex		
Contact name: KELLY GEIGER		following reasons apply:		
Address: 16771 BOONES FERRY	ROAD			
City/State/ZIP:LAKE OSWEGO OR	EGON 97035			
Phone:(503) 496-0712	Fax:			
E-mail:KGEIGER@RENAISSAN	CE-HOMES.COM			
C	ONTRACTOR	BUILDING PERM	IIT FEES*	
Business name: RENAISSANCE HC	DMES	Please refer to fee		
Address:16771 BOONES FERRY	ROAD	Fees due upon application	1,000.35	
City/State/ZIP:LAKE OSWEGO OR	EGON 97035	Amount received		
Phone:(503) 496-0712	Fax:	Date received:		
CCB lic.:49955	•	<b>The same of the s</b>		
Authorized signature:	·	This permit application expires within 180 days after it has been		

Date:

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

**REV 2/14** 

4 2 3784

825

352



Print name: Tamel

Building Permit Application
Community and Economic Development
PO Box 4755, Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
Internet address: www.BeavertonOregon.gov

OFFICE USE ONLY			
Date Received: Permit No 3009			
Date Issued:	10	- 10	W
Payment Ty			Payment Type:

·	· <u>L.</u>	Paym	ent Type:
TYPE	DF WORK	REQUIRED DATA: 1-4	IND 2-FAMILY DWELLING
☐ New construction	☑ Demolition	Permit fees* are based on the value of the work performs Indicate the value (rounded to the nearest dollar) of all ed	
☐ Addition/alteration/replacement	Other:		the profit for the work indicated on
CATEGORY OF	CONSTRUCTION	Valuation	460-
☐ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:	1,50
	☐ Multi-family	Number of bathrooms:	
☐ Master builder	Other:	Total number of floors:	
JOB SITE INFORMA	TION AND LOCATION	New dwelling area:	square feet
Job site address: 12670 SW 3rd St			•
City/State/ZIP: Beaverton, OR 97005		Garage/carport area: \$450	
Suite/bldg./apt. no.:	Project name:	Covered porch area:	square-feet
Cross street/directions to job site:	& Angel Ave	Deck area:	square feet
. Svy Sru Si	& Alige Ave	Other structure area:	square feet
	T	warmen and the state of the sta	MERCIAL-USE CHECKLIST
Subdivision:	Lot no.:		ne nearest dollar) of all equipment,
Tax map/parcel no.:		materials, labor, overhead, and this application.	the profit for the work indicated on
DESCRIPTI	ON OF WORK	Valuation	
Tear down of old detached garage.		Existing building area:	square feet
		New building area:	square feet
		Number of stories:	· · · · · · · · · · · · · · · · · · ·
☑ PROPERTY OWNER	☐ TENANT	Type of construction:	
Name: Tameka Lim-Velasco	The state of the s	Occupancy groups:	
Address: 12670 SW 3rd St		Existing:	
City/State/ZIP: Beaverton OR 97005		New:	<del>.</del>
Phone: 503-539-4717	Fax:		
E-mail: Tamekalim@gmail.com		As a second of the explosion by second exist.	)TICE
☐ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contra	ors are required to be licensed with actors Board under ORS 701 and
Business name:		being performed. If the applican	in the jurisdiction in which work is Lis exempt from licensing, the
Contact name:		following reasons apply:	····
Address:			
City/State/ZIP;			
Phone:	Fax:		
E-mail:	And The Control of th		
CONTRA	СТОП	BUILDING 1	PERMIT FEES*
Business name: Bigfoot Northwest		Please refer	to fee schedule
Address:		Fees due upon application	45.63
City/State/ZIP:		Amount received	
Phone: 206-419-6588	Fax:	Date received:	
CCB.lic.: 211641			
Authorized signature. Authorized	100,-		ires if a permit is not obtained s been accepted as complete

Date: 7

\* Fee methodology set by Tri-County Building Industry Service Board

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

		OFF	IGE USE ONLY	7
Date Received:	8	1208	Permit No.:	32018-3541
Date Issued:				
	<b> </b>	191704	Payment Ty	oe:

	BeavertonOregon.gov L	<u>''''''</u>
7'	PE OF WORK	REQUI
New construction	☐ Demolition	Permit fees* an Indicate the va
☐ Addition/alteration/replacement	☐ Other:	materials, labo
CATEGOR	Y OF CONSTRUCTION	Valuation
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of
☐ Accessory bullding	☐ Multi-family	Number of
☐ Master builder	Other:	Total number
JOB SITE INFO	DRMATION AND LOCATION	New dwellin
Job site address: 15645 F	SW Thrush Lane	
City/State/ZIP: Beaverton, OR		Garage/carp
Suite/bldg./apt. no.:	Project name: Russell	Covered por
Cross street/directions to job site:		
		Other struct
0.1.1	16-110	REQUIR
Subdivision: Westmont	Lot no.: 40 113	Permit fees* ar Indicate the val
Tax map/parcel no.:		materials, labo this application
	RIPTION OF WORK	Valuation
NSFIC	CHI	Existing buil
NSFR Pe Issue B2018-	13 74	New building
		Number of s
☑ PROPERTY OWNER	☐ TENANT	Type of cons
Name: DR Horton, Inc		Occupancy
Address: 4380 SW Macadam Ave S	Suite 200	Existing
City/State/ZIP: Portland, OR 97239		New:
Рhoле: (503) 222-4151	Fax:	New.
E-mail: plancheck@drhorton.com		
☑ APPLICANT	☐ CONTACT PERSON	All contractors a
Business name: DR Horton, Inc		may be require being performe
Contact name: Amanda Loveridge		following reaso
Address: SAME AS ABOVE		
City/State/ZIP;		
Phone:	Fax:	-
E-mail: plancheck@drhorton.com		7
	NTRACTOR	
Business name: DR Horton, Inc	Anna Carlos Carl	
Address: SAME AS ABOVE		Fees due upon
City/State/ZIP:		Amount receive
Phone:	Fax:	Date received:
CCB IIc.: 130859		
Authorized signature:		This permit within 180
Print name:	162/00 Date: 10/27/19	* Fee metho

Amanda Loveridge

REQUIRED DATA: 1- ANI	,
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment, e profit for the work indicated on
Valuation 31	9989.15
Number, of bedrooms:	
Number of bathrooms; 3	,
Total number of floors: 2	-
New dwelling area: 25	イナ square feet
Garage/carport area: 34	2 square feet
Covered porch area:	) square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value indicate the value (rounded to the imaterials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Existing building area;	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTIC	Œ
All contractors and subcontractors the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	rs Board under ORS 701 and ne jurisdiction in which work is
BUILDING PER Please refer to f	ee schedule
Fees due upon application	1,340.74
Amount received	
Date received:	

application expires if a permit is not obtained days after it has been accepted as complete

dology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

OFFICE I	JSE ONLY
Date Received:	Permit No.: 62019-299+
Date Issued:	(B)()
mazov	Payment Type:

	Beaverton Oregon, gov		
TYPE O	F WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLIN	1G
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performation indicate the value (rounded to the nearest dollar) of all e	
☑ Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indicated on this application.	
CATEGORY OF	CONSTRUCTION	Valuation	
1- and 2-family dwelling	☐ Commercial/industrial	Number. of bedrooms:	
☐ Accessory building	Multi-family	Number of bathrooms:	
☐ Master builder	☐ Other:	Total number of floors:	
JOB SITE INFORMAT	TION AND LOCATION	New dwelling area: square feet	
Job site address: 8095 SW Hall 61	vd.	Garage/carport area: square feet	
Job site address: 8095 SW Hall bl City/State/ZIP: Beaver ton, 08 Suite/bldg/apt. no.: 81da, 8015	97008	Covered porch area: square feet	
Suite/bldg./apt. no.: 81da, 8015	Project name: Blen Ridge		
Cross street/directions to job site:		Deck area: square feet	
SW Ridgecrest dr.		Other structure area: square feet	-54 - (200 / 9 <u>1</u> - 100 / 1
	Lot no.:	REQUIRED DATA: COMMERCIAL-USE CHECK  Permit fees' are based on the value of the work perform	
Subdivision:  Tax map/parcel no.:	Lot no.:	Indicate the value (rounded to the nearest dollar) of all e materials, labor, overhead, and the profit for the work inc	quipment,
DESCRIPTIO	N OF WORK	this application.  Valuation 30, 529, 00	
Canalelelicensus and	seplace existing part	Existing building area: square feet	75 000
Completely remove and Composition shingles	toop	New building area: square feet	13,
COMPOSITION Shingles			
☐ PROPERTY OWNER	☐ TENANT	Number of stories:	
Name:		Type of construction:	
Address:		Occupancy groups:	
City/State/ZIP:		Existing:	
Phone:	Fax:	New:	550000000000000000000000000000000000000
E-mail:		NOTICE	
APPLICANT	□ CONTACT PERSON	All contractors and subcontractors are required to be tice the Oregon Construction Contractors Board under ORS	ensed with 701 and
Business name:		may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the	h work is
Contact name:		following reasons apply:	
Address:		-	
City/State/ZIP:			
Phone:	Fax:		
E-mail:			
CONTRA	CTOR	BUILDING PERMIT FEES*	
Budana and III C		Please refer to fee schedule	
Address: 4692 Lancaster dr.	NE	Fees due upon application 730,	31
	304	Amount received	***
Phone: 4 of A 4 d at long (4	Fax: 503.391.9255	Date received:	
CCB IIc.:   8   200	1.5-11.13-33		. 1. 4 - 1
Authorized		This permit application expires if a permit is not of within 180 days after it has been accepted as continuous.	
alanatura:			

Date:

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE	USE ONLY
Date Received:	Permit No. 520 9-2998
Date Issued: //2/7/19	(BL)
	Payment Type;

ТҮР	E OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWE
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work perf indicate the value (rounded to the nearest dollar) of
Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the profit for the world this application.
CATEGORY	OF CONSTRUCTION	Valuation
☐ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:
Accessory building	Multi-family	Number of bathrooms:
☐ Master builder	☐ Other:	Total number of floors:
JOB SITE INFOR	MATION AND LOCATION	New dwelling area: square fi
Job site address: 8095 SW Hall	blid.	Garage/carport area: square f
City/State/ZIP: BEONEY for OR	93008	Covered porch area: square fr
City/State/ZIP: Beaverton, ac Suite/bldg/apt. no.: 6/26, 8045 Cross street/directions to job site:	Project name: 6 len 12, dal	
Cross street/directions to Job site:	ď	
ow Ridgecrest dt.		Other structure area: square f
O. I. division	Lot no.:	REQUIRED DATA: COMMERCIAL-USE CHE Permit fees' are based on the value of the work per
Subdivision:	Lot no.	Indicate the value (rounded to the nearest dollar) of
Tax map/parcel no.:	TON OF MORE	materials, labor, overhead, and the profit for the wor this application.
	PTION OF WORK	Valuation 19,849.00
Completely remove & Ri	eplace existing roof.	Existing building area: square f
Composition Shingle	\$	New building area: square f
,		Number of stories:
☐ PROPERTY OWNER	☐ TENANT	Type of construction:
Name;		Occupancy groups:
Address:		Existing:
City/State/ZIP:		New:
Phone:	Fax:	NOTICE
E-mail:		
☐ APPLICANT	☐ CONTACT PERSON	All contractors and subcontractors are required to be the Oregon Construction Contractors Board under Contractors
Business name:	Form of the second of the seco	may be required to be licensed in the jurisdiction in being performed. If the applicant is exempt from lice
Contact name:	, , , , , , , , , , , , , , , , , , , ,	following reasons apply:
Address:		
City/State/ZIP:		
Phone:	Fax:	
E-mail:		
CON	TRACTOR	BUILDING PERMIT FEES*
Business name: Ala La Radina		Please refer to fee schedule
Address: Uh Go Lossa Clev	dr. NE	Fees due upon application 55
City/State/ZIP: Salva Al Cal	304	Amount received
Phone: 503 911 0179	Fax: 503,391.9255	Date received:
CCB lic.: 181200	The state of the s	
Authorized		This permit application expires if a permit is a within 180 days after it has been accepted a
signature:		* Fee methodology set by Tri-County Buildin
Print name: Advia Vrice	ta Date: 7-12	Industry Service Board

LING med. l equipment, indicated on et et et KLIST rmed. Il equipment, indicated on et 45,000 e licensed with RS 701 and which work is nsing, the

> ot obtained complete

Form B70-1001



Print name:

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97075

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
Date Received:	Permit No. 10 2019 - 2999
Date Issued: 1 (2 2011 /	<b>by:</b> —
	Payment Type:

	BeavertonOregon.gov L		
TYPE O	F WORK	REQUIRED DATA: 1- AND 2-FA	
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipme	
Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the profit this application.	for the work indicated on
CATEGORY OF	CONSTRUCTION	Valuation	
1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms;	
☐ Accessory building	Multi-family	Number of bathrooms:	
☐ Master builder	Other:	Total number of floors:	
JOB SITE INFORMAT	TON AND LOCATION	New dwelling area:	square feet
Job site address: 8095 SW Hall			
		Garage/carport area:	square feet
City/State/ZIP: Beaverton, OR 9 Suite/bldg.fapt. no.: 6/29.8095	Project name: Glen Pidaci	Covered porch area:	square feet
Cross street/directions to job site:	Section 1 to a section 1	Deck area:	square feet
SW Ridge crest dr.		Other structure area;	square feet
· · ·		REQUIRED DATA: COMMERCIAL	-USE CHECKLIST
Subdivision:	Lot no.;	Permit fees* are based on the value of the Indicate the value (rounded to the neares	
Tax map/parcel no.:		materials, labor, overhead, and the profit this application.	
DESCRIPTIO	N OF WORK	Valuation 19,849.00	
completely remove and	replace existing roof	Existing building area:	square feet 식숙, 🏽 🗸
Composition Shingle		New building area:	square feet
COMPOSITE ON JAMES	7.	Number of stories:	
☐ PROPERTY OWNER	☐ TENANT	Type of construction:	
Name:		Occupancy groups:	
Address:		Existing:	
City/State/ZIP:			
Phone;	Fax:	New;	
E-mall:		- NOTICE	
☐ APPLICANT	☐ CONTACT PERSON	All contractors and subcontractors are re the Oregon Construction Contractors Bo	ard under ORS 701 and
Business name:		may be required to be licensed in the juri being performed. If the applicant is exem	pt from licensing, the
Contact name:		following reasons apply:	
Address:			
City/State/ZtP:			
Phone:	Fax:		
E-mail:	1		
CONTRA	CTOR	BUILDING PERMIT	FEES*
Business name: A3 L Poofing		Please refer to fee so	hedule
Address: 4692 Lancaster de	116	Fees due upon application	555.17
City/State/ZIP: Salem, OR 9730		Amount received	
Phone: 503 971.0176	Fax: 503.391.9255	Date received:	
CCB IIc.: 181200			
Authorized		This permit application expires if a within 180 days after it has been a	permit is not obtained ccepted as complete
signature:	•		

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

COB Revision/Tracking #:
Community Development Department **Building Division** OFFICE USE ONLY 12725 SW Millikan Way / PO Box 4755 J\19-012 U4/18/2019 | Permit No.: B2018-4972 Date Received: Beaverton, OR 97076 FCTRONIC SUBMITTAL 3 Fax: (503) 526-2550 Date Issued: 10 matlon (503) 526-2222 SEE I:/BLDG DIV WG-8... OF BEAVERTOR Syment Type: BeavertonOregon.g@ BUILDING DIVISION REQUIRED DATA: 1: AND 2: FAMILY DWELLING TYPE OF WORK Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, Demolition New construction materials, labor, overhead, and the profit for the work indicated on Other: [ ] Addition/alteration/replacement this application. CATEGORY OF CONSTRUCTION Valuation 257,516 Commercial/industrial Number, of bedrooms: 3 ☑ 1- and 2-family dwelling Ti Multi-family Number of bathrooms: 2.5 Accessory building Other: ☐ Master builder Total number of floors: 3 JOB SITE INFORMATION AND LOCATION New dwelling area: 1873.37 souare feet Job sile address: 17242 SW Kite Ln square feet Garage/carport area: 453.14 city/state/zip:Beaverton, Or 97007 square feet Covered porch area: 107.93 Project name: SCHM Suite/bidg /apt. no.: 0 square feet Deck area: 0 Cross street/directions to job site: square feet Other structure area: 0 REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees" are based on the value of the work performed. Subdivision: South Cooper Mountain Hts | Lot no.: 102 Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on Tax map/parcel no.: this application. DESCRIPTION OF WORK Valuation square feet **NEW SFR** Existing building area; square feet New building area; Number of stories: □ TENANT PROPERTY OWNER Type of construction: R2 Name: Everett Custom Homes Occupancy groups: Address: 3330 NW Yeon Ave Existing: City/State/ZIP: Portland, OR 97210 Townhome New: Phone: (503) 726-7060 Fax: NOTICE E-mail: ireilly@everetthomesnw.com All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and CONTACT PERSON APPLICANT may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the Business name: Everett Custom Homes following reasons apply: Contact name: Jennifer Reilly Address: 3330 NW Yeon Ave City/State/ZIP: Portland, OR 97210 Fax: Phone: (503) 726-7060 E-mall: ireilly@everetthomesnw.com BUILDING PERMIT FEES! CONTRACTOR Please refer to fee schedule Business name: Everett Custom Homes Fees due upon application Address: 3330 NW Yeon Ave Amount received City/State/ZIP: Portland, Oregon 97210 Date received: Fax: Phone: jreilly@everetthomesnw.com CCB lic.: 189447 This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete Authorized enrifer Rull sionature: Fee methodology set by Tri-County Building

Date: 4/16/19

Print name: Jennifer Reilly

Industry Service Board

Form B70-1001

### RECEIVED CITY OF BEAVERTON

MAY 21 2019

ELECTRONIC SUBMITTAL It Application SEE I:/BLDG DIV WG-8...

pment Department Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

	USE ONLY
Date Received:5-17-19	Permit No.: B2019-2116
Date Issued: 4-10.19	By: COL
	Payment Type:

TYPE OF WORK  aw construction	avertonOregon.gov L
CATEGORY OF CONSTRUCT	
CATEGORY OF CONSTRUCT  - and 2-family dwelling	on .
and 2-family dwelling	
ccessory building	rion
JOB SITE INFORMATION AND LOSSITE ADDRESS: 13915 SW Harness LN  State/ZIP:Beaverton OR 97008  **Ibidg./apt. no.:   Project names street/directions to job site:      DESCRIPTION OF WORK   PROPERTY OWNER	rcial/industrial
JOB SITE INFORMATION AND LOST SILE ADDRESS: 13915 SW Harness LN  State/ZIP: Beaverton OR 97008  ##Hidg./apt. no.:  Street/directions to job site:    Description of Work   Color of Explicit Adack   Color of Explicit Adack   Description of Explicit Adack	mily
Site address: 13915 SW Harness LN  State/ZIP: Beaverton OR 97008  shidg./apt. no.:  street/directions to job site:   DESCRIPTION OF WORK  CARCING EXJUST AND Acch  PROPERTY OWNER  DESCRIPTION OF WORK  CARCING EXJUST AND Acch  PROPERTY OWNER  DESCRIPTION OF WORK  CARCING EXJUST AND Acch  PROPERTY OWNER  DESCRIPTION OF WORK  CARCING EXJUST AND Acch  PROPERTY OWNER  DESCRIPTION OF WORK  CARCING EXJUST AND Acch  PROPERTY OWNER  DESCRIPTION OF WORK  DESCRIPTION OF WORK  PROPERTY OWNER  DESCRIPTION OF WORK  PROPERTY OWNER  DESCRIPTION OF WORK  PROPERTY OWNER  DESCRIPTION OF WORK  DESCRIPTION OF WORK  DESCRIPTION OF WORK  DESCRIPTION OF WORK  DESCRIPTION OF WORK  DESCRIPTION O	
State/ZIP: Beaverton OR 97008  ##################################	OCATION
State/ZIP: Beaverton OR 97008  ##################################	
street/directions to job site:    Street/directions to job site:   Street/directions to job site:	
s street/directions to job site:    Street/directions to job site:	ne:Doug
DESCRIPTION OF WORK  PROPERTY OWNER  Description of Work  PROPERTY OWNER  Description of Work	
map/parcel no.:  DESCRIPTION OF WORK  Callecing exsisted deck  PROPERTY OWNER  Description of work  Callecing exsisted deck  PROPERTY OWNER  Description of work  Callecing exsisted deck  PROPERTY OWNER  Description of work  Description of w	
map/parcel no.:  DESCRIPTION OF WORK  Callecing exsisted deck  PROPERTY OWNER  Description of work  Callecing exsisted deck  PROPERTY OWNER  Description of work  Callecing exsisted deck  PROPERTY OWNER  Description of work  Description of w	
PROPERTY OWNER  Description of work  Callecing exjisted deck  Property owner  Description of work  Property owner  Description of work  Description of work  Description of work  Description of exsisted deck  Description of work  Description	
PROPERTY OWNER  Description of explicit and deck  PROPERTY OWNER  Description of explicit and deck  Property owner  Description of explicit and deck  Description of explicit an	
PROPERTY OWNER  De:Doug Lundin  Pess: 13915 SW Harness LN  State/ZIP: Beaverton OR 97008  Pess: 1503) 476-4787  Fax:  Pell:  PAPPLICANT  Incess name: Contour Excavation  Reas: 17607 SW Cedarview way  State/ZIP: Sherwood OR 97140  Pess: 17607 SW Cedarview way  Contractor  Contractor  Reas: 17607 SWQ Cedarview way  State/ZIP: Sherwood OR 97140  Pess: 17607 SWQ Cedarview way  State/ZIP: Sherwood OR 97140  Pess: 17607 SWQ Cedarview way  State/ZIP: Sherwood OR 97140  Pess: 17607 SWQ Cedarview way  State/ZIP: Sherwood OR 97140  Pess: 17607 SWQ Cedarview way	
ress:13915 SW Harness LN //State/ZIP:Beaverton OR 97008 re:(503) 476-4787   Fax: rell:    APPLICANT     Iness name: Contour Excavation   tact name: Greg Anderson   reas:17607 SW Cedarview way   /State/ZIP: Sherwood OR 97140   rei:(971) 235-9770   Fax:   ress:name: Contour Excavation@msn.com   contractor   contractor   ress:17607 SWQ Cedarview way   //State/ZIP: Sherwood OR 97140   ress:17607 SWQ Cedarview way   //State/ZIP: Sherwood OR 97140   ress:17607 SWQ Cedarview way   //State/ZIP: Sherwood OR 97140   ress:17607 SWQ Cedarview Fax:	☐ TENANT
ress:13915 SW Harness LN //State/ZIP:Beaverton OR 97008 re:(503) 476-4787   Fax: rell:    APPLICANT     Iness name: Contour Excavation   tact name: Greg Anderson   reas:17607 SW Cedarview way   /State/ZIP: Sherwood OR 97140   rei:(971) 235-9770   Fax:   ress:name: Contour Excavation@msn.com   contractor   contractor   ress:17607 SWQ Cedarview way   //State/ZIP: Sherwood OR 97140   ress:17607 SWQ Cedarview way   //State/ZIP: Sherwood OR 97140   ress:17607 SWQ Cedarview way   //State/ZIP: Sherwood OR 97140   ress:17607 SWQ Cedarview Fax:	
/State/ZIP:Beaverton OR 97008 ne:(503) 476-4787   Fax: nell:    APPLICANT     Iness name:Contour Excavation     tact name:Greg Anderson     reas:17607 SW Cedarview way     /State/ZIP:Sherwood OR 97140     ne:(971) 235-9770   Fax:   nell:contourexcavation@msn.com     contractor     contracto	
Ines: (503) 476-4787 Fax:  Ines: (503) 476-4787 Fax:  Ines: name: Contour Excavation  Itact name: Greg Anderson  Ines: (17607 SW Cedarview way  Ines: (1760	
Iness name: Contour Excavation Itact name: Greg Anderson Itact name: G	
Iness name: Contour Excavation  Itact name: Greg Anderson  Itact name: Greg	
Iness name: Contour Excavation Itact name: Greg Anderson Itact name: G	☑ CONTACT PERSON
Itact name: Greg Anderson  ress: 17607 SW Cedarview way  //State/ZIP: Sherwood OR 97140  res: (971) 235-9770  ress: contourexcavation@msn.com  contractor  Iness name: Contour Excavation  ress: 17607 SWQ Cedarview way  //State/ZIP: Sherwood OR 97140  res: (971) 235-9770  Fax:	,
reas:17607 SW Cedarview way //state/ZIP:Sherwood OR 97140 ne:(971) 235-9770 Fax: nell:contourexcavation@msn.com	
/State/ZIP:Sherwood OR 97140 ne:(971) 235-9770 Fax: nell:contourexcavation@msn.com	
ne:(971) 235-9770 Fax:  inel::contourexcavation@msn.com  contractor  liness name:Contour Excavation  iress:17607 SWQ Cedarview way  i/State/ZIP:Sherwood OR 97140  ine:(971) 235-9770 Fax:	
Iness name: Contour Excavation  Iness: 17607 SWQ Cedarview way  I/State/ZIP: Sherwood OR 97140  Ines: (971) 235-9770  Fax:	
Iness name: Contour Excavation Iress:17607 SWQ Cedarview way I/State/ZIP: Sherwood OR 97140 Ires:(971) 235-9770  Fax:	
Iness name: Contour Excavation Iress: 17607 SWQ Cedarview way I/State/ZIP: Sherwood OR 97140 Ires: (971) 235-9770	
ress:17607 SWQ Cedarview way /State/ZIP:Sherwood OR 97140 pne:(971) 235-9770 Fax:	
/State/ZIP:Sherwood OR 97140 one:(971) 235-9770 Fax:	, , , , , , , , , , , , , , , , , , ,
ne:(971) 235-9770 Fax:	
ME.(971) 200-0710	
2 IIC. 18 ( U C )	
horized	

Print name:

**Greg Anderson** 

Date:

05/16/20

REQUIRED DATA: 1- AND Permit fees* are based on the value	of the work performed.	
indicate the value (rounded to the n materials, labor, overhead, and the this application.	profit for the work indicated	on
Valuation	\$14,	000
Number, of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck erea:	square feet	124
Other structure area:	square feet	
REQUIRED DATA: COMME Permit fees* are based on the value		
Indicate the value (rounded to the r materials, labor, overhead, and the this application.  Valuation	profit for the work indicated	l on
	square feet	
Existing building area:	square feet	
New building area:  Number of stories:	Bycaro res-	
Type of construction:		
Occupancy groups:		``
Existing:		
New:		
NOT	c <b>F</b>	
All contractors and subcontractors the Oregon Construction Contractor	are required to be licensed ors Board under ORS 701 a	na k is
following reasons apply:		
following reasons apply:		
following reasons apply:  BUILDING PE		
following reasons apply:  BUILDING PE  Please refer to	fee schedule	<u> </u>
following reasons apply:  BUILDING PE		$\frac{-}{2}$

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

**REV 2/14** 

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL Development Department
Building Division
Building Division
Building Division SEE I:/BLDG DIV WG-8 Building Division Way / PO Box 4755

Beaverton, OR 97076

OFFICE	USE ONLY
Date Received: 06/11/2019	Permit No.: B2019-2490
Date Issued: Date Issued:	By: CEUM
	Payment Type:

Beaverton Phone:	(503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gg	te Issued: (LAG)	By: C	LEUU Type:	
	TYPE OF WORK	RE	QUIRED DATA: 1- AND	2-FAMILY DWELLING	
☐ New construction	Demolition		s* are based on the value	e of the work performed. nearest dollar) of all equipmen	
☑ Addition/alteration/replacement	☐ Other:	materials,	labor, overhead, and the	profit for the work indicated	วก
	DRY OF CONSTRUCTION	this applic	auon,	\$72	 ე(
☑ 1- and 2-family dwelling	☐ Commercial/industrial		r. of bedrooms:		
☐ Accessory building	☐ Multi-family		r of bathrooms:		2.1
☐ Master builder	Other:		umber of floors:		
JOB SITE IN	FORMATION AND LOCATION			square feet	_
Job site address: 15795 SW Bluesto	one Ct		velling area:		
City/State/ZIP: Beaverton, OR 9700	07		/carport area:	square feet	
Suite/bldg./apt. no.:	Project name: DECK		d porch area:	square feet	_
Cross street/directions to job site: Turn 16	eft from westbound Nora Rd to Galena	Deck a	rea:	square feet 2	50
	nmediate next right to SW Bluestone		tructure area:	square feet	74 1.74
		<u> </u>		RCIAL-USE CHECKLIST	
Subdivision: Arbor Crest	Lot no.: 45	Indicate th	s* are based on the value re value (rounded to the n	nearest dollar) of all equipmen	nt,
Tax map/parcel no.:		materials, this applic		profit for the work indicated of	าก
DES	CRIPTION OF WORK	Valuation			
	over joist caps, replace wood 4x4 post		j building area:	square feet	
railing with aluminum cable rail	ing attached to the fascia of the rim/er I fascia, current deck only has 1. Will	add a New bu	ilding area:	square feet	
sistered 2x8 to rim/edge joists	and reinforce those with DTT2 straps/	bolts. Numbe	r of stories:		
PROPERTY OWNER	☐ TENANT	Туре о	f construction:	****	_
Name: Darius Galinis		Occupa	ancy groups:		
Address: 15795 SW Bluestone Ci		· ·	isting:		
City/State/ZIP: Beaverton, OR 9700	07	Ne			_
Phone: (503) 250-1389	Fax:		···· NOTIC	<b>?</b> Ε	
E-mail: dgalinis@gmail.com		All control	Control of the second of the first second of the	are required to be licensed w	ith
☑ APPLICANT	☐ CONTACT PERSON	the Orego	n Construction Contractor	rs Board under ORS 701 and	1
Business name:		being perf	ormed. If the applicant is	he jurisdiction in which work is exempt from licensing, the	5
Contact name: Darius Galinis		Tollowing r	easons apply:		
Address: 15795 SW Bluestone Cl					
City/State/ZIP: Beaverton, OR 9700	07				
Phone: (503) 250-1389	Fax:				
E-mail: dgalinis@gmail.com					1,44
	CONTRACTOR		BUILDING PER	₹MIT FEES*	
Business name: Sawu W	Druner-		Please refer to f	fee schedule	
Address:		Fees due	upon application	\$150.45	_
City/State/ZIP:		Amount re	ceived		
Phone:	Fax:	Date rece	ved:		
CCB lic.:		This no	ermit application expire	s if a permit is not obtained	_
Authorized				een accepted as complete	

Date:

06/10/19

Print name:

Darius Galinis

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Date Re
Date Iss

OFFICE (	JSE ONLY
ecelved: 06/19/2019	Permit No.: <b>B20</b> 19-2638
sued: 7-2-0	By: CIEVA
CITY OF REALIEDTON	Payment Type:

SEE I./ DEDG DIV VV	BeavertonOregon.gq	0//	OF BEAVERTON AND AND AND AND AND AND AND AND AND AN	t Type.	
	PE OF WORK	BU	REQUIRED DATA: 1- AN	D 2-FAMILY DWELLING	3 (A) (A) (A)
☑ New construction	☐ Demolition		Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equip		
☐ Addition/alteration/replacement	☐ Other:		materials, labor, overhead, and the this application.	e profit for the work indic	ated on
CATEGOR	Y OF CONSTRUCTION		Valuation		
☐ 1- and 2-family dwelling	☐ Commercial/industrial		Number. of bedrooms:		~
☐ Accessory building	☐ Multi-family		Number of bathrooms:		
☐ Master builder	☑ Other: Flagpole Installation	1	Total number of floors:		
JOB SITE INFO	RMATION AND LOCATION		New dwelling area:	square feet	
Job site address: 13840 NW Cornell F	Rd.		Garage/carport area:	square feet	
City/State/ZIP: Portland, OR. 97229-	5403			square feet	
Suite/bldg./apt. no.: N/A	Project name: Sunset High Sch	loor	Covered porch area:	:	•
Cross street/directions to job site: 143rd. /	High School		Deck area:	square feet	
			Other structure area:	square feet	11 <u>11 NAMES NAME</u>
			REQUIRED DATA: COMMI		
Subdivision:	Lot no.:		Permit fees* are based on the value indicate the value (rounded to the	nearest dollar) of all equ	ipment,
Tax map/parcel no.:			materials, labor, overhead, and the this application.	e profit for the work indic	ated on
	MPTION OF WORK		Valuation	23,8	898.00
Installing a New Flagpole Near th	ne Athletic Fields		Existing building area:	square feet	N/A
			New building area:	square feet	N/A
			Number of stories:		N/A
☑ PROPERTY OWNER	☐ TENANT		Type of construction:	******	
Name: Beaverton School District			Occupancy groups:		
Address: 16550 SW Merlo Rd.			Existing:		
City/State/ZIP: Beaverton, OR. 97000	3		New:	-	
Phone: (503) 356-4500	Fax:		NOT	ICE	
E-mail:			All contractors and subcontractors	are required to be licen	sed with
☑ APPLICANT	☐ CONTACT PERSON		the Oregon Construction Contract may be required to be licensed in	ors Board under ORS 70	01 and
Business name: Five Star Builders, Ir	oc.		being performed. If the applicant is following reasons apply:	s exempt from licensing,	the
Contact name: Terry Brown			tollowing reasons apply.		
Address: PO Box 555					
City/State/ZIP: Banks, OR. 97106					
Phone: (503) 324-5220	Fax: (503) 324-0883			•	
E-mail: terry@five-star-builders.com	n				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
СО	NTRACTOR		BUILDING PE	RMIT FEES*	
Business name: Five Star Builders, Ir	nc.		Please refer to	fee schedule	
Address: PO Box 555			Fees due upon application	\$337.83	
City/State/ZIP: Banks, OR. 97106			Amount received		
Phone: (503) 324-5220	Fax: (503) 324-0883		Date received:		
CCB lic.: 93298			This permit application expir	es If a permit is not obt	tained
Authorized			within 180 days after it has		

Date:

06/18/19

signature:

Print name:

Terry Brown

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001